

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4494 22515
State File No.

BIRTH NO.		REG. DIST. NO. 336	PRIMARY REG. DIST. NO. 4494	Registrar's No. 374
1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY SHANNON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA		c. LENGTH OF STAY (in this place) 5 1/2 YRS		c. CITY OR TOWN WINONA
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) D.	c. (Last) BURRIS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 22-1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) M	8. DATE OF BIRTH OCT. 18-1882	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME WM. BURRIS		13b. MOTHER'S MAIDEN NAME LIZA TREET	14. NAME OF HUSBAND OR WIFE FLORENCE BURRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward BURRIS 1206 Gould Ave. Joliet, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Rheumatic fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400 X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 1950, to June 22, 1956, that I last saw the deceased alive on June 22, 1956, and that death occurred at 6:50 A.M., from the causes and on the date stated above.				
23a. SIGNATURE C.E. Sharp		(Degree or title) DOB	23b. ADDRESS Winona MO	23c. DATE SIGNED 6/27/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) WINONA, MO.	
DATE REC'D BY LOCAL REG. July 2, 1956	REGISTRAR'S SIGNATURE Mahel Gellman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN'S Mt. View, MO.		

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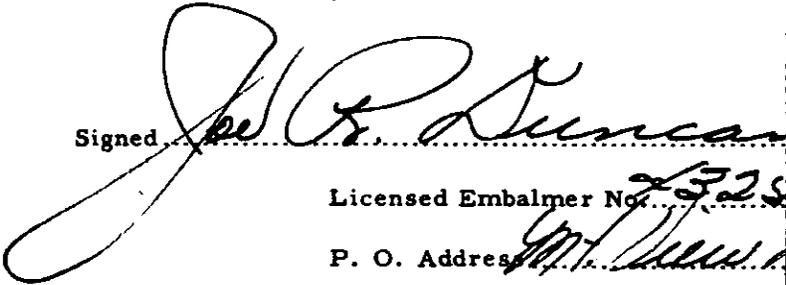
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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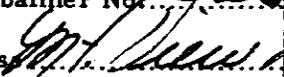
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 7328

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.