

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7638

STATE FILE NUMBER

FILED APR 8 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 01170 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2236 1/2 Jules St.,		Length of stay in 1b 80 yrs.	
d. STREET ADDRESS 2236 1/2 Jules St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Frances A. Burris			4. DATE OF DEATH Month Day Year March 30, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1875
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Knoxville, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William W. Burris	
14. MOTHER'S MAIDEN NAME Mary Booth		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. None		17. INFORMANT Address Dessa B. Brandenburg, Kent, Wash. (sis.)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast (left)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 25 1955 to Mar 30, 1957 and last saw her <sup>her</sup> <del>was</del> alive on Mar. 26, 1957 Death occurred at 3:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John R. McDaniel MD. (Physician or title)		22b. ADDRESS 902 Edmund St. St. Joseph, Mo. 64501	
22c. DATE SIGNED 4/1/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 3, 1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 4, 1957	
26. REGISTRAR'S SIGNATURE Kathleen M. Allison			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. 067 diseases in Part I, must be causally related.

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 *Robert B. Harrington*  
Licensed Embalmer No. 3258

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.