

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024229  
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Marshall 0972	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital		d. STREET ADDRESS (If outside, give location) 267 S. Odell Ave.	
3. NAME OF DECEASED (Type or print) John Virgil Burroughs		4. DATE OF DEATH Month Day Year July 10th 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Account-examiner		10b. KIND OF BUSINESS OR INDUSTRY State Insurance Dept.	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Thaxton, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William T. Burroughs		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Thaxton	
14. NAME OF HUSBAND OR WIFE -----		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. 498-22-9486		17. INFORMANT Mrs Walter Shannon, Marshall Mo.	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Peritonitis</i> DUE TO (b) <i>Colon Resection 1532</i> DUE TO (c) <i>Carcinoma of Descending Colon 2 Years</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Heart Disease 8 yrs</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>8 days</i> <i>2 Years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Marshall		20g. COUNTY STATE Missouri	
21. I attended the deceased from <i>26 Sept. 55</i> to <i>10 July 58</i> and last saw <sup>her</sup> him alive on <i>10 July 58</i> Death occurred at <i>9-30 AM</i> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Cecil M. Clark M.D.</i>		22b. ADDRESS Marshall Mo.	
22c. DATE SIGNED <i>11 July 58</i>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-12-1958	
23c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		23d. LOCATION (City, town, or county) Marshall Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 7-12-58	
26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>		26. (State)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *RW Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.