Health, Welfare Public Service

, 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002533
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Ray	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fishing River — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Excelsior Springs 68 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3Miles N.E.Ex.Spgs. — Length of stay in 1b 48 yrs.	d. STREET ADDRESS (If outside, give location) R.F.D.2 ,3m N.E.Ex. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First HATTIE Middle ETHELOWIN Last BURRIS	4. DATE OF DEATH Month Feb. Day 4th Year 1959

5. SEX FeMale	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH May 9,1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 8 Days 25	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY xxxxxx	11. BIRTHPLACE (City and state or country) Rural,Toronto ,Canada 2	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicholas Troyer	13b. MOTHER'S MAIDEN NAME Mary Eyer	14. NAME OF HUSBAND OR WIFE Harvey A. Burris(dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT Address Harry E. Burris,R.F.D.2, Ex. Spgs.Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Cardio Renal Vascular Disease — 10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Excelsior Spring COUNTY Clay STATE Mo.

21. I attended the deceased from 1949, to 2/4/59 and last saw her/him alive on 2/5/59

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alton E Buehrer MD	22b. ADDRESS Lawson Mo	22c. DATE SIGNED 2/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb.7,1959	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) Rural, Clay Co.	(State) MO.

24. FUNERAL DIRECTOR ADDRESS Virgil Hope, Ex. Spgs. Mo	25. DATE RECD. BY LOCAL REG. 2-9-59	26. REGISTRAR'S SIGNATURE Thomas C Dundon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Spr

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.