

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020754

FILED JUN 22 1959 Registration District No. 77 Primary Registration District No. 3016 STATE FILE NUMBER 783 Registrar's No. 183

300
1-57
4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8-0

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Jefferson City, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Home of Aged		d. STREET ADDRESS (If outside, give location) St. Joseph Home of Aged	
3. NAME OF DECEASED (Type or print) LILLIAN BURROWES		4. DATE OF DEATH JUNE 9, 1959	
5. SEX Female	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 June 19, 1877
9. AGE (In years last birthday) 81		10. MONTHS 11	11. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Centertown, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Handly	
13b. MOTHER'S MAIDEN NAME Margaret Crowin		14. NAME OF HUSBAND OR WIFE Lon Burrowes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Handly		Address Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Hypertensive cordis vascular disease DUE TO (c) General arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X			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 o.m. Month, Day, Year 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 June 6-1959, to June 7-1959 and last saw her alive on June 7-1959. Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Coleman M.D.		22b. ADDRESS Jefferson City - Mo.	
22c. DATE SIGNED 6-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/12/59	23c. NAME OF CEMETERY OR CREMATORY Annunciation	23d. LOCATION (City, town, or county) California, Mo (State)
24. FUNERAL DIRECTOR ADDRESS Sylvester A. Dulle J C Mo.		25. DATE RECD. BY LOCAL REG. 18 June 1959	26. REGISTRAR'S SIGNATURE R. P. Darris, MD - MR.

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.

01.

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 *Sylvester Dulle*
Licensed Embalmer No. *4321*
P. O. Address *Jefferson Co*

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.