URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1959

59–041098

STATE FILE NUMBER

ENDED

Registration District No. 247 Primary Registration District No. 4361 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby — Length of stay in 1b Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Newton
c. CITY OR TOWN Granby — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Arthur Middle Lee Last Burress
4. DATE OF DEATH Month 12 Day 4 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-9-1879
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Granby, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Tom Burress
13b. MOTHER'S MAIDEN NAME Indiann Davis
14. NAME OF HUSBAND OR WIFE Mrs Mada Burress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-09-2744
17. INFORMANT Clarence Burress — Address Granby, Missouri

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) Medullary failure. — INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebro-vascular-accident. — 1 week.
DUE TO (c) Arterio-Sclerosis — over 2 months.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 COUNTY STATE

21. I attended the deceased from 10-9-59 to 11-28-59 and last saw her/him alive on 11-28-59.
Death occurred at 7:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles O Christy (Degree or title) D.O.
22b. ADDRESS Box 97, GRANBY, Mo
22c. DATE SIGNED 12-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-6-1959
23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Granby, missouri
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home-Granby, Missouri
25. DATE RECD. BY LOCAL REG. Dec. 8, 1959
26. REGISTRAR'S SIGNATURE M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Floyd E. Shewmaker

Licensed Embalmer No. 4923

P. O. Address Box 58 Grady, Ma

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