

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registered District FILED APR 22 1963 Primary Registration District No. \_\_\_\_\_ Registrar's No. 547

1. PLACE OF DEATH  
 a. COUNTY **Greene**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Republic** Length of stay in 1b **Yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Home** Inside Limits  No   
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Greene**  
 c. CITY OR TOWN **Republic** Inside Limits  No   
 d. STREET ADDRESS \_\_\_\_\_ Reside on Farm  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Elza James Burney** **April 11, 1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10-8-1890** 9. AGE (last birthday) **72** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and state or country) **Dade County Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Wesley Burney** 13b. MOTHER'S MAIDEN NAME **Mary Elizebeth Dodson** 14. NAME OF HUSBAND OR WIFE **Pearl Kelly**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **Coy Burney Ash Grove, Mo.** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Presumed to be natural causes**  
 DUE TO (b) **UNATTENDED BY A PHYSICIAN**  
 DUE TO (c) **Greene County Coroner notified and County Police investigated**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) **Deceased was found dead by landlord. he was a known heart patient, Had been dead several hrs when found.**

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her alive on \_\_\_\_\_  
 Death occurred at **Probably 1:30 Am** \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) **M.D. Greene County Health Officer, Springfield, Mo** 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED **4-17-63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-13-1963** 23c. NAME OF CEMETERY OR CREMATORY **Johns Chapel Cemetery** 23d. LOCATION (City, town, or county) **Ash Grove Missouri**

24. FUNERAL DIRECTOR **W.B. Cantrell** ADDRESS **Republic, Mo.** 25. DATE RECD. BY LOCAL REG. **4-18-63** 26. REGISTRAR'S SIGNATURE *[Signature]*

USE BLACK INK OR TYPEWRITER RIBBON

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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 William B. Cantrell

Licensed Embalmer No. 830

P. O. Address Republic Mo

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.