

JEANS

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036647

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

488

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 15 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in 1b  
Yrs

c. CITY OR TOWN Joplin

Inside Limits  
Yes  No c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. John's HospitalInside Limits  
Yes  No d. STREET ADDRESS (If outside, give location)  
1012 East 17th St.Reside on Farm  
Yes  No 3. NAME OF DECEASED  
(Type or print)

First EDNA Middle MAY (Breedlove) Last BURRESS

4. DATE OF DEATH  
Month October Day 8, Year 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married  Never Married   
Widowed  Divorced 

8. DATE OF BIRTH

2-5-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Office maintenance10b. KIND OF BUSINESS OR INDUSTRY  
St. John's Hospital11. BIRTHPLACE (City and state or country)  
Cassville, Missouri12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

William R. Mason

13b. MOTHER'S MAIDEN NAME

Mary Bryant

14. NAME OF HUSBAND OR WIFE

Frank Burress

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.

17. INFORMANT Bro-  
Address  
Chester E. Mason, 1703 Indiana, Joplin, 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)

General carcinomatous abdomen

DUE TO (b)

Carcinoma of stomach

DUE TO (c)

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  Unknown19. 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 Month, Day, Year  
a.m. p.m.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 Sept 24, 1963 to Oct 8, 1963 and last saw her alive on 10-8-63  
Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Karl S. Jones M.D.

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

10-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial23b. DATE  
10-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery,

23d. LOCATION (City, town, or county)  
Joplin, Missouri

(State)

24. FUNERAL DIRECTOR

STEVE PARKER MORTUARY,

ADDRESS

JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG.

10-12-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 25 1963

**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 Lawrence C. Armer

Licensed Embalmer No. 4463

P. O. Address Springfield

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.