MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-043812

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6453

FILED DEC 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2 30 68
3 2
4 0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 20 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 106 NORTH BELMONT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUSSELL Middle WILLIAM Last BURRUS

4. DATE OF DEATH: Month NOV. Day 29 Year 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-18-1900
9. AGE (last birthday): 63 — 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): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: Mo. PACIFIC RAILROAD
11. BIRTHPLACE (City and state or country): WARRENSBURG, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: GEORGE BURRUS
13b. MOTHER'S MAIDEN NAME: LOUELLA MORRIS
14. NAME OF HUSBAND OR WIFE: VIOLET BURRUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates o[illegible]
16. SOCIAL SECURITY NO. [illegible]76
17. INFORMANT: 106 NORTH BELMONT BLVD MRS. VIOLET BURRUS

18. CAUSE OF DEATH (Enter only one cause pe[illegible]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Systemic Anemia, Arteriosclerosis
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

MEDICAL CERTIFICATION

21. I attended the deceased from April 1, 1963 to Nov 29-63 and last saw her/him alive on Nov 28, 63
Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hubert M Parker (Degree or title) MD
22b. ADDRESS 928 Argyle Bldg
22c. DATE SIGNED 11-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 1. 1963
23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL CEMETERY
23d. LOCATION (City, town, or county) (State): WARRENSBURG, MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS, K.C., Mo. ADDRESS 1331 BRUSH CREEK BLVD.
25. DATE RECD. BY LOCAL REG.: 11-29-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert M. Parker
Argyle Bldg.
P.M.

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 Vern Fowler

Licensed Embalmer No. 4915

P. O. Address KC 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.