

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048539
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5676 Registrar's No. 207

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0530
20530

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DOVE-RR-ELDRIDGETS		Length of stay in 1b 2 1/2 weeks	c. CITY OR TOWN Lebanon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Cedar Grove Nursing		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Wilbur Middle Loyd Last Burrell			4. DATE OF DEATH Month November Day 7 Year 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-96
9. AGE (last birthday) 67		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) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Verdell, Nebraska
12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME D. R. Burrell		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Myrtle Burrell			
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. [redacted]	
17. INFORMANT Address Mrs. Ted Capps, Lebanon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) several previous attacks of cerebral thrombosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 5-26-63 to 11-7-63 and last saw ^{her} him alive on 10-30-63 Death occurred at 2:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B B Hurst MD. (Degree or title)		22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 12-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 10-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park	23d. LOCATION (City, town, or county) (State) Lebanon, Missouri
24. FUNERAL DIRECTOR Charles F. Tyler, Palmer Funeral Home, Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 12-16-1963	26. REGISTRAR'S SIGNATURE Hella S. Gray

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed by Palmer's Statement on Reverse Side)

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DEC 17 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 Allyn Hooker

Licensed Embalmer No. 4333

P. O. Address Lithian, 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.

Permit Not Secured - W. J. W.