

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **692**

FILED FEB 8 1954 REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) Boonslick Boarding Home.	

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) Raymond c. (Last) Burriss.			4. DATE OF DEATH (Month) (Day) (Year) February 5 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH March 3rd 1887		9. AGE (In years last birthday) 66		10. # UNDER 1 YEAR Months 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY House Building		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Finley Burriss.		13b. MOTHER'S MAIDEN NAME Mary Shemwell	
14. NAME OF HUSBAND OR WIFE ???		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) No		16. SOCIAL SECURITY NO. -----	

17. INFORMANT'S SIGNATURE OR NAME Shelby E. Burriss, Merriam, Kans.		17. ADDRESS Kans.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MECHANICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma right lung		INTERVAL BETWEEN ONSET AND DEATH (.)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 103X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **Feb 5, 1954**, that I last saw the deceased alive on **Feb 4, 1954**, and that death occurred at **3:04 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) M.D. Dietzinger		23b. ADDRESS Boonville Mo.		23c. DATE SIGNED 2/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6th 1954		24c. NAME OF CEMETERY OR CREMATORY Old Lamine	
24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE RECD BY LOCAL REG. 1/6/54		REGISTRAR'S SIGNATURE D. Hooper 3810		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo\$	
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(Increased Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed G. F. Keller

Licensed Embalmer No. 3064

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.