

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11846

State File No. ....

No. 300  
10-48

APR 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>					
b. CITY OR TOWN <u>Monticello</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Monticello</u>		d. STREET ADDRESS <u>Chapman St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>			b. (Middle) <u>H.</u>		c. (Last) <u>BURRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 28 1952</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Aug 10, 1866</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>18</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY		
<u>Retired Farmer</u>			<u>Retired Farmer</u>		<u>Ill</u>		<u>U.S.</u>		
13a. FATHER'S NAME <u>Abraham Burris</u>			13b. MOTHER'S MAIDEN NAME <u>Melinda Denton</u>			14. NAME OF HUSBAND OR WIFE <u>Florence Burris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Burris</u>				ADDRESS <u>Monticello</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>					
				PRECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 <u>4500</u>						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 <u>Jan 5 - 1952</u> to <u>Mar 28 - 1952</u> that I last saw the deceased alive on <u>Mar 27 - 1952</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. Fleming M.D.</u>				23b. ADDRESS <u>Monticello Mo.</u>			23c. DATE SIGNED <u>3-28-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Monticello MO</u>			
DATE REC'D BY LOCAL REG. <u>4-5-52</u>		REGISTRAR'S SIGNATURE <u>Ans. James</u>		342-1		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Grable, Wendle Monticello Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 8 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 452-46  
Date Filed 4-12-52

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Grable, M.

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.