FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

Registration District No. 155

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23336

Primary Registration District No. 5579

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural-Oronoga R F D 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution MINERAL TWP.
Rural - ~~Oronoga R F D 1~~ /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community All of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo- R F D 1 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. RURAL-MINERAL TWP.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Orval Burns

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced /married

6. (b) Name of husband or wife Maggie Burns

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased February 13 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75			
73	5	3	hr. min.

9. Birthplace Medoc, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business -

FATHER
12. Name J W Burns
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Ball
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant mrs. Maggie Burns
(b) Address Oronogo R F D 1 MO

17. (a) Burial (b) Date thereof Jul 29, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview-Joplin

18. (a) Signature of funeral director Hurlbut Glover
(b) Address 422 Sergeant, Joplin MO

19. (a) JULY 20, 1948 (b) [signature] MD
(Date received local registrar) (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16
year 48 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from 3-17, 1947 to 7-16, 1948;
that I last saw him alive on 7-16, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	6 hrs.
Due to Chronic Myocarditis	yrs.
Due to	
Other conditions Prostatic Carcinoma (Include pregnancy within 3 months of death) Metastasis - Liver	2 yrs

Major findings:
Of operations
Of autopsy 46 F

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2
(Specify type of place)
While at work (e) Means of injury

23. Signature Glenn R. Oney (M. D. or other) D.O.
Address Alba - Mo Date signed 7-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

48-7-635

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 Dale Glover, Registered Apprentice No. _____, working under my personal supervision.

Signed Perry K Hurlbert

Licensed Embalmer No. 959

P. O. Address Joplin 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.