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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1949

State File No. 13320

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY SCOTT PEERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT MO	
b. CITY (If outside corporate limits, write RURAL and give township) FREDRICH TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE MO	
c. LENGTH OF STAY (in this place) 5 day		d. STREET ADDRESS (If rural, give location) EAST DAVIDSON AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EDWARD c. (Last) BURNS			4. DATE OF DEATH (Month) (Day) (Year) March 5, 1949		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 27-1873	9. AGE (in years last birthday) 75	10. UNDER 1 YEAR Months 6	11. UNDER 1 MIN. Days 7	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY SECTION FOREMAN		11. BIRTHPLACE (State or foreign country) HARRISBURG ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James R. BURNS		13b. MOTHER'S MAIDEN NAME SARAH JACKSON		14. NAME OF HUSBAND OR WIFE MOLLY BURNS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME John Burns - FAYVILLE ILL.		ADDRESS FAYVILLE ILL.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
		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 790X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 4 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Mar 4, 1949 to Mar 5, 1949; that I last saw the deceased alive on Mar 4, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. M. Stanley M.D.		23b. ADDRESS Harrington MO		23c. DATE SIGNED 3/8/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 7-1949		24c. NAME OF GEMETERY OR CREMATORY Union Park Cem.		24d. LOCATION (City, town, or county) (State) Chaffee SCOTT MO	
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DATE REC'D BY LOCAL REG. Mar 29-1949		REGISTRAR'S SIGNATURE Joe J. Zoller		25. FUNERAL DIRECTOR'S SIGNATURE Hubb Funeral Home		ADDRESS Chaffee MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 449-50
Date Filed 4-13-4

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

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.