

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23268
Registrar's No. 638A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1940 N. Glenstone		d. STREET ADDRESS (If rural, give location) 1940 N. Glenstone <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) BELL c. (Last) BURNS			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31 1868	9. AGE (In years last birthday) 82	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>	

13a. FATHER'S NAME Geo. P. Weeks		13b. MOTHER'S MAIDEN NAME Rebecca Cundiff		14. NAME OF HUSBAND OR WIFE John Thomas Burns	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Thomas Burns Springfield, Mo.	

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) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) Sclerosis & Calciosis			INTERVAL BETWEEN ONSET AND DEATH 447X
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July, 1948 to 14 July, 1950, that I last saw the deceased alive on 14 July, 1950, and that death occurred at 8:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE Samuel E. Knott, M.D.		23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 24 July 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 50		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	
				24d. LOCATION (City, town, or county) (State) Springfield, Mo	

DATE REC'D BY LOCAL REG. 7-24-50		REGISTRAR'S SIGNATURE W. E. Handley, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Spgfld. Mo.	
---	--	--	--	---	--

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 _____

Licensed Embalmer No. 4071

P. O. Address _____

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.