

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27707

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 4278	Registrar's No. 147
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		c. LENGTH OF STAY (In this place) 2 WKS.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Virgil Burn's home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ravenwood		
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ORINDA c. (Last) BURNS		4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/22/65	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) McCarthy, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Levi Barton		13b. MOTHER'S MAIDEN NAME Margette A McWhorter	14. NAME OF HUSBAND OR WIFE Fred H. Burns, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Virgil C. Burns, Ravenwood, 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) <i>Tobacco pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH   4758
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)		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 <i>June 27, 1950</i> , to <i>July 5</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>July 4</i> , 19 <i>50</i> , and that death occurred at <i>3:27</i> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>1950</i> <i>1950</i>		23b. ADDRESS D. O. Maryville, Missouri	23c. DATE SIGNED 7/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/7/50	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) Ravenwood, Missouri	
DATE REC'D BY LOCAL REG. 7-15 50		REGISTRAR'S SIGNATURE <i>Bess Holt</i>	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

740



**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 *Robert L. Souter*

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.