

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29658

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 298

5164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Ballinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glen Allen Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Mo. Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARK</u> b. (Middle) _____ c. (Last) <u>BURNS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-19-1950</u>		
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>AUG-15-1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u>1</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sumner inspector</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>GLEN ALLEN, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>N.J. Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Zimmerman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lorene Burns, Glen Allen Mo</u>	
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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. <u>490-05-6489</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lorene Burns, Glen Allen Mo</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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.		<u>4201</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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 Oct 27, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward D Campbell M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>9-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glen Allen Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Glen Allen, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-27-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home, Linton Mo</u>
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RECEIVED

MAY 19 1907

DEPARTMENT OF HEALTH

STATE OF MISSOURI

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.

Signed

J. E. Graham

Signed.....

Student Embalmer

Licensed Embalmer No.

4010

P. O. Address

Luttwille 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.