

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7806

BIRTH NO.		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5239		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Linn Twsp.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Linn Twsp. 0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION: At Home				d. STREET ADDRESS (If rural, give location) 6 Mi West of Stockton, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE		b. (Middle) MAE		c. (Last) BURNS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct. 26, 1872	
9. AGE (In years last birthday) 78		10. MONTHS 4		11. YEARS 8		12. HOURS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Clay County, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chas. S. Sawardd		13b. MOTHER'S MAIDEN NAME Emma Shaw		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Jones, Stockton Mo. ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		3:31X		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) m.		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 12-29-1949, to 3-4-1951, that I last saw the deceased alive on 3-4-1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. B. Rinker, M.D.				23b. ADDRESS Stockton Mo		23c. DATE SIGNED 3-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 3/6/51		24c. NAME OF CEMETERY OR CREMATORY Pankey		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
DATE REC'D BY LOCAL REG. 3-31-51		REGISTRAR'S SIGNATURE Geneva Garrison		54 FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton Mo.	

(Licensed Embalmers Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: APR 5 1951

Dist. File 431-714

Date Filed 4-3-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address

Stockton, M.

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.