

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34422

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u> <u>0710</u>	
c. LENGTH OF STAY (If this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NETTIE</u>	b. (Middle) <u>MARTHA</u>	c. (Last) <u>BURNS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 10 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov 27-1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MORGAN COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN MOORE</u>	13b. MOTHER'S MAIDEN NAME <u>MATALDA ANN HUFF</u>	14. NAME OF HUSBAND OR WIFE <u>ALFRED W. BURNS</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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ross Newton - Versailles, Mo.</u>	ADDRESS <u>VERSAILLES, 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>30 min</u> <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Skull & numerous other fractures + injuries from fall from 2nd story window</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u> DUE TO (c) <u>Senile Dementia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9360</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>071 23</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Do not know</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Versailles Morgan Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 10 1951 7:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fall or jump from window</u>
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22. I hereby certify that I attended the deceased from June 2, 1849, to Oct 10, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Washburn</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Versailles, Mo</u>	23c. DATE SIGNED <u>10/13/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 14 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES City</u>	24d. LOCATION (City, town, or county) (State) <u>VERSAILLES MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 13 1951</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kedwell</u>	ADDRESS <u>Versailles, Mo</u>
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Rev. Ver. O. Adams (Under Informant's Statement on Reverse Side)

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

710

LED OCT 16 1951

RECEIVED OCT 15 1951
DISTRICT COURT OFFICE No. 3
District File Number _____
Date Filed **OCT 15 1951**

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. 4021

P. O. Address Verona, 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.