

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37837

State File No.

FILED DEC 7 1951

BIRTH NO. 77552-57 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <p align="center">Jasper</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jasper</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Webb City</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Joplin</p>		c. LENGTH OF STAY (in the place) <p align="center">Total life</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Jane Chinn Hospital</p>			d. STREET ADDRESS (If rural, give location) <p align="center">2015 Perkins</p>		

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Patti</p>		b. (Middle) <p align="center">JoAnn</p>		c. (Last) <p align="center">Burns</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Nov. 12, 1951</p>	
5. SEX <p align="center">Female</p>		6. COLOR OR RACE <p align="center">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never married</p>		8. DATE OF BIRTH <p align="center">Nov. 12, 1951</p>	
9. AGE (In years last birthday) <p align="center">0</p>		IF UNDER 1 YEAR Months <p align="center">0</p>		IF UNDER 1 YEAR Days <p align="center">0</p>		IF UNDER 1 YEAR Hours <p align="center">0</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Infant</p>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <p align="center">Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.</p>	

13a. FATHER'S NAME <p align="center">Norman Burns</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Patricia Stevenson</p>		14. NAME OF HUSBAND OR WIFE	
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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) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Norman Burns., 2015 Perkins., Joplin, Mo</p>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Anoxia</p>		DUE TO (b) <p align="center">Incomplete expansion lungs</p>				<p align="center">32 min</p>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <p align="center">Premature 6mths</p>				<p align="center">52 min</p>	
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 <p align="center">774X</p>				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)	
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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?	
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22. I hereby certify that I attended the deceased from 11-12-51, 1951, to 11-12-51, 1951, that I last saw the deceased alive on 11-12-51, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">P. J. Martin</p>		23b. ADDRESS <p align="center">D.O. 709 Joplin St., Joplin Mo</p>		23c. DATE SIGNED <p align="center">11-23-51</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">11-13-1951</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Fairview Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Joplin, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p align="center">Nov 29-51</p>		REGISTRAR'S SIGNATURE <p align="center">R. H. Shelton</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Thornhill-Dillon Mortuary, Inc</p>		ADDRESS <p align="center">Joplin, Mo</p>	
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(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
V. 10.48

5492

24 Nov 1951

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

RECEIVED 12-4-51
Jasper County Health Office

County File Number 51/12/910

Date Filed 12-5-51

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 _____

Was not *Artificially Embalmed*

working under my personal supervision.

Signed.....
Student Embalmer

Signed *[Signature]*
Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.