

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38440**

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 72

I. PLACE OF DEATH

a. COUNTY PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) RURAL ELM TOWNSHIP

c. LENGTH OF STAY (in this place) LIFE TIME

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY PUTNAM

c. CITY (If outside corporate limits, write RURAL and give township) RURAL ELM TOWNSHIP *0860*

d. STREET ADDRESS (If rural, give location) UNDONVILLE

3. NAME OF DECEASED

a. (First) ZODE b. (Middle) THAMER c. (Last) BURNS

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 31 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH OCT 7 1876 9. AGE (In years last birthday) 75 0 24 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER 10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME CLARK BURNS 13b. MOTHER'S MAIDEN NAME MARY LEWIS 14. NAME OF HUSBAND OR WIFE MINNIE BURNS

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 MINNIE BURNS ADDRESS UNIONVILLE, MO. R.F.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis

DUE TO (c) Calicivirus acute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO 4201

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1951, to Oct-31, 1951, that I last saw the deceased alive on Oct-31, 1951, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. W. ... (Degree or title) 23b. ADDRESS Unionville, Mo 23c. DATE SIGNED Nov-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE NOV. 2 1951 24c. NAME OF CEMETERY OR CREMATORY PHERIGO CEMETERY 24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI

DATE REC'D BY LOCAL REG. 11-15-51 REGISTRAR'S SIGNATURE Marcell Durbin 266 25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME ADDRESS UNIONVILLE, MO.

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

0860

Embalmed by James W. Comstock

Date Received: NOV 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-2
Date Filed: NOV 20 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *James W. Comstock*

Signed..... *11-20-51*
Student Embalmer

Licensed Embalmer No. *4197*

P. O. Address *Yonkers, 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.