

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7548  
Registrar's No. 8

FILED MAR 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062

1. PLACE OF DEATH a. COUNTY Caldwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell 0130	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Cowgill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cowgill, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Davis c. (Last) Burns			4. DATE OF DEATH (Month) (Day) (Year) March 11 1952		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10 12 1874		9. AGE (In years last birthday) Months Days Hours Min. 77 4 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Cemetery	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Burns		13b. MOTHER'S MAIDEN NAME Sarah Kansas		14. NAME OF HUSBAND OR WIFE Sarah Burns	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sarah Burns Cowgill, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE O.C. Kilbourn	(Degree or title) M.D. 0	23b. ADDRESS Cowgill MO	23c. DATE SIGNED 3-12-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE 3/14-1952	24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery	24d. LOCATION (City, town, or county) (State) Cowgill Missouri
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DATE REC'D BY LOCAL REG. 9-17-52	REGISTRAR'S SIGNATURE Mrs. Nell B. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark	ADDRESS Kingston, M O
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Student Embalmer.

Signed Laramie Clark.....

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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.