

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>New Madrid.</u> <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, give name of institution) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse 0724</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harry</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>BURNS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 2, 1919</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>33</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>			11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hellen Lucile</u>	
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>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hellen L. Burns Morehouse Mo</u>	

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) <u>Rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbidity 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 <u>4013</u>		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)		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 4-28, 1952, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Davis</u>		23b. ADDRESS <u>Morehouse, Mo</u>		23c. DATE SIGNED <u>5-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 3 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hayden</u>		24d. LOCATION (City, town, or county) (State) <u>New Era Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5/18-52</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Sooter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orville Taylor Sooter Mo</u>	
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220-0 (Licensed Embalmer's Statement on Reverse Side)

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

5720
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VS
AUG 9 1959

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 J. Ely McMillan

Licensed Embalmer No. 4695

P. O. Address E. Prairie, 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.