

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29032

FILED SEP 3 - 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4431</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Pulaski</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u>		c. LENGTH OF STAY (In this place) <u>0850</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION	
a. STATE <u>Missouri</u>		b. COUNTY <u>Pulaski</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Burns</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>20</u>		(Year) <u>1952</u>	
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>2/25/1910</u>	
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>5</u>		11. YEARS <u>25</u>		12. IF UNDER 18 HRS. Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Roberson</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Burns</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Eugene Burns</u> <u>Dixon, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet wound in head - self-inflicted</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bullet entered right side of mouth, 9 in. up and behind right eye.</u> DUE TO (c) <u>right eye.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976 X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) <u>Dixon</u> <u>Pulaski</u> <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Aug 20/52</u> <u>12:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Bullet wound in head self-inflicted</u>			
22. I hereby certify that I attended the deceased from <u>Aug 20</u> , 19 <u>52</u> , to _____, 19____, that last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy Ann Hedger County Coroner</u>		23b. ADDRESS <u>Brookers Missouri</u>		23c. DATE SIGNED <u>Aug 25/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kenner</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-25-52</u>		REGISTRAR'S SIGNATURE <u>Cula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-25-52
Forest County Health Officer
File Number 8-30-52
Date Filed 8-30-52

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 _____

8/20/1952

working under my personal supervision.

Student Embalmer No.

Signed

Maurice E. Schierbaum

Signed.....
Student Embalmer

Licensed Embalmer No. 4305

P. O. Address Dixon, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.