

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44465

State File No. 5712

FILED JAN 17 1953

|   |                                  |   |   |   |   |  |   |  |
|---|----------------------------------|---|---|---|---|--|---|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>  |                                  | c. LENGTH OF STAY (in this place)<br><u>5 YEARS</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>  |   | 2608   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>  |                                  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>3929 Norton Avenue</u>  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>LULA</u>  |                                  |   | b. (Middle) <u>S.</u>                       |   | c. (Last) <u>BURNS</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>DEC 26 1952</u>                      |  |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u>  |   | 8. DATE OF BIRTH<br><u>Feb-19-1890</u>  |   | 9. AGE (In years last birthday) <u>62</u><br>IF UNDER 1 YEAR: Months   Days<br>IF UNDER 6 HRS.: Hours   Min. |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>AT HOME</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>MERCER COUNTY KENTUCKY</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |   |  |
| 13a. FATHER'S NAME<br><u>UNKNOWN CUNNINGHAM</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> |   | 14. NAME OF HUSBAND OR WIFE<br><u>WILBUR E. BURNS</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br>-----  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Miss BETTY BURNS 5830 ROSEMILL RD KANSAS CITY, MO.</u>                                      |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid with Metastasis to lung.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive H.F. Arterio-sclerotic Heart Disease</u> |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>153X</u>                                 |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |   |  | 20. AUTOPSY?<br>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?  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 23, 1952</u> to <u>Dec 26, 1952</u> , that I last saw the deceased alive on <u>Dec 26, 1952</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above. |                                  |   |   |   |   |  |   |  |
| 23a. SIGNATURE <u>Paul A. B. Johnson M.D. MD</u>  |                                  |   |   | 23b. ADDRESS<br><u>3011 A. Indey Ave.</u>   |   | 23c. DATE SIGNED<br><u>12/27/52</u>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |                                  | 24b. DATE<br><u>DEC 29 1952</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>MEMORIAL PARK CEMETERY</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>KANSAS CITY MISSOURI</u>                                 |   |  |
| DATE REC'D BY LOCAL REG.<br><u>12-29-52</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Sheraldine Smith</u>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>RW Newcomers-Song 331 B... KANSAS CITY MO.</u> |  |   |  |

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.P. 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.