

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13495**

FILED APR 20 1953 REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **405**

1. PLACE OF DEATH a. COUNTY Cape Girardeau <i>0164</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau <i>0164</i>	
c. LENGTH OF STAY (in this place) 5 hours		d. STREET ADDRESS (If rural, give location) 1401 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital			
3. NAME OF DECEASED a. (First) BENJAMIN		b. (Middle) F.	
c. (Last) BURNS		4. DATE OF DEATH April 9, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1876
9. AGE (In years) 76		10. IF UNDER 1 YEAR last birthday: 10 Months 16 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary & Treasure		10b. KIND OF BUSINESS OR INDUSTRY Little River	
11. BIRTHPLACE (City and State or Foreign Country) Beardstown, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Charles E. Burns		13b. MOTHER'S MAIDEN NAME Caroline Brown	
13c. NAME OF HUSBAND OR WIFE Audrey Burns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-36-3868	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Audrey Burns		ADDRESS Cape Gir., Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (Anterior)		INTERVAL BETWEEN ONSET AND DEATH Several hours (8-10)	
ANTECEDENT CAUSES		DUE TO (b) Coronary Thrombosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Coronary atherosclerosis	
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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <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 April 9, 1953 , to April 9, 1953 , that I last saw the deceased alive on April 9, 1953 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Havelo Ridings		23b. ADDRESS Cape Girardeau, Mo.	
23c. DATE SIGNED April 10, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1953	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 4-12-53		REGISTRAR'S SIGNATURE C. C. Summers	
25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home		ADDRESS Cape Gir., Mo.	

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

1981 JAN 1

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 *Virgil W. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau, 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.