

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31424

State File No. ....

BIRTH NO. FILED SEP 29 1953 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Butler Drive Box 520</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 Mi. South 84 Highway</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hildred</u> b. (Middle) <u>Lee</u> c. (Last) <u>Burns</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24 1953</u>		
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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>Jan. 13, 1926</u>	9. AGE (In years less birthday) <u>27</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	11. BIRTHPLACE (State or foreign country) <u>Chick, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jess Burns</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Edrington</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Burns</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W.W. #2</u>	16. SOCIAL SECURITY NO. <u>409-20-2338</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Burns Kennett, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>		
	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 <u>E9298 42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River ditch</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Twp. Dunklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10:00Pm., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Quinton T. Taylor</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>9/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-28-1953</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Leota Service</u>	ADDRESS <u>Kennett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 9-28-53

COUNTY FILE NUMBER 953 - 2

NOV 17 1953

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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

*Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address *Rennett W*

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.