

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35787**

FILED OCT 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4781</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manassas City</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Manassas City</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>				e. STREET ADDRESS (If rural, give location) <u>15 1226 E. 10th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Fulton</u>		c. (Last) <u>Burns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-23-13</u>	
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Arch Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Otie Kerne</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Burns</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>496-10-5846</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Burns 1326 E. 10th, K.C., 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Metastatic Carcinoma Lungs, Liver, retroperitoneal lymph nodes</u> DUE TO (b) <u>Primary Neoplasm of testis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Acute dilatation heart</u> <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 wks</u> <u>7 mos</u> <u>1 hr.</u> <u>1 hr.</u>	
19a. DATE OF OPERATION <u>8/24/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malignant Teratoma right testis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>8-24-</u> 19 <u>53</u> , to <u>10-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-3</u> , 19 <u>53</u> and that death occurred at <u>11:20 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Theo S. Gage</u> (Degree or title)				23b. ADDRESS <u>1803 Jackson</u>		23c. DATE SIGNED <u>10-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-53</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Maplewood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-4-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. E.L. Forster, 918 Brooklyn, K.C., Mo.</u>			

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

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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.....  
Signature of Student Embalmer

Signed *Raymond F. Hoene*.....  
Licensed Embalmer No. *42*.....

P. O. Address *N. C. M.*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.