

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14872**

FILED JUN 10 1954

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

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4041		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Ballinger #1111 County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ballinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glen Allen				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glen Allen Mo. 0090			
c. LENGTH OF STAY (In this place) Life				d. STREET ADDRESS (If rural, give location) #1111			
d. FULL NAME OF HOSPITAL OR INSTITUTION Glen Allen							
3. NAME OF DECEASED a. (First) Marvin		b. (Middle) L		c. (Last) Burns		4. DATE OF DEATH (Month) (Day) (Year) May 27 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) YES		8. DATE OF BIRTH 4/3/1876	
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. L. Burns		13b. MOTHER'S MAIDEN NAME not know		14. NAME OF HUSBAND OR WIFE Clara Burns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Thomas Anderson ADDRESS Glen Allen			
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) Hypostatic pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Cerebral thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 1 week 1 week	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 10, 1952 , to May 17, 1954 , that I last saw the deceased alive on May 26, 1954 , and that death occurred at 7:38 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Emmett L. Price, D.O.				23b. ADDRESS Luttwille, Mo.		23c. DATE SIGNED 5-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/1954		24c. NAME OF CEMETERY OR CREMATORY Glen Allen Cemetery		24d. LOCATION (City, town, or county) (State) Ballinger Mo.	
DATE REC'D BY LOCAL REG. MAY 28 1954		REGISTRAR'S SIGNATURE Willie W. Humberg		25. FUNERAL DIRECTOR'S SIGNATURE Glen Kinder Luttwille		ADDRESS	

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.