

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28581

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5997</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wilson Twp.</u>		c. LENGTH OF STAY (In place) _____		c. CITY OR TOWN <u>Unionville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Unionville, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Unionville, Mo.</u> <span style="float: right;">0860</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Burns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1954</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Oct. 18, 1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days _____		10. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>home work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City, and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Eligha Morelock</u>			13b. MOTHER'S MAIDEN NAME <u>Charity Gates</u>			14. NAME OF HUSBAND OR WIFE <u>Unk.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norma Gillum, Unionville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile debility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? 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) _____		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>Jan 8, 1943</u> to <u>July 30, 1954</u> that I last saw the deceased alive on <u>July 30, 1954</u> and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Charles L. Judd</u>				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>7/31/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-28-54</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <span style="float: right;">266-</span>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ...</u> <u>Unionville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

31808

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 *Murle E. Heister*

Licensed Embalmer No. *350*

P. O. Address *Unionville*

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.