

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40721**

FILED DEC 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Williams Township</u>		<u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>9 Miles North East of Cole Camp</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louis</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Burns</u>	
4. DATE OF DEATH		(Month) <u>NOV</u>		(Day) <u>26th</u>		(Year) <u>1954</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>April 2nd 1899</u>	9. AGE (In years last birthday) <u>55</u>	10. MONTHS <u>7</u>	11. YEARS <u>24</u>	12. IF UNDER 18, Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lakeview Heights Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Ed Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Burns</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-10-6436</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lrs Alice Burns Cole Camp R#3 Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Esophageal Varices</u> DUE TO (c) <u>Carcinoma of the liver</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>Nov 26, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stomach lesion Liver & massive Carcinomatosis</u>		1561		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) (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 <u>Nov 5, 1954</u> , to <u>Nov 26, 1954</u> , that I last saw the deceased alive on <u>Nov 26, 1954</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Field, MD</u>				23b. ADDRESS <u>Cole Camp Mo.</u>		23c. DATE SIGNED <u>Nov 26, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brushy Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>	
DATE REC'D BY LOCAL REG. <u>NOV 26, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B L Eubank</u>		ADDRESS <u>Cole Camp Mo</u>	

(If signed, Embellish Statement on Reverse Side)

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

AUG 15 1955

JAN 5 1955

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

E. L. Picknoff

Licensed Embalmer No. 730

P. O. Address Cole Camp La

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.