FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23376

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN Elvins
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN Elvins
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print)
a. (First) Juel
b. (Middle) S.
c. (Last) Burns

4. DATE OF DEATH (Month) (Day) (Year) July 15 1955

5. SEX M
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH MAY 29, 1900.
9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Months 1 Days 16
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) River Mines, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Burns
13b. MOTHER'S MAIDEN NAME Millise Ann Yewberry
14. NAME OF ~~HUSBAND OR~~ WIFE Della Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 9-30-42 to 9-17-43
16. SOCIAL SECURITY NO. 498-24-2347
17. INFORMANT'S SIGNATURE OR NAME Mrs Della Burns **ADDRESS** Elvins, Mo.

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) Mycocarditis - Hemoptysis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 410X

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 7/15, 1955, to 7/15, 1955, that I last saw the deceased alive on 7-18, 1955, and that death occurred at PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C B Stevens MD
23b. ADDRESS Flat River MO
23c. DATE SIGNED JULY 16 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 18, 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~ LAYRC CEM.
24d. LOCATION (City, town, or county) (State) Elvins, Mo.

DATE REC'D BY LOCAL REG. JULY 18, 1955
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell **ADDRESS** Flat River Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1955

AUG 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat Riv
M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.