No. 300
10.48

Dr. Cook
FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2191

BIRTH NO. 95095-55 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (In this place): 1 Mo. 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 903 E.10th. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Caruthersville
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 903 E.10th. Street

0782

3. NAME OF DECEASED (Type or Print): a. (First) Lindell b. (Middle) Charles c. (Last) Burns
4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 31 1955
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 11 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Caruthersville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Jimmie Burns
13b. MOTHER'S MAIDEN NAME: Juanita Allen
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Juanita Burns 903 E. 10th. St. Caruthersville, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — 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) Dead on arrival at office - never seen
DUE TO (c) for this illness -
apparently ill about 14 hrs

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 493X
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): Caruthersville Pemiscot Mo.
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* never seen for this illness prior to death, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* About 2 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Cook M. D. (Degree or title)
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 1-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-15-1956
24c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

DATE REC'D BY LOCAL REG. Jan 18, 1956
REGISTRAR'S SIGNATURE: Jessie B. Wilkes
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: H.S.Smith Funeral Home C'ville. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1-28-56

JAN 25 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W Denver Fake

Licensed Embalmer No. 448

P. O. Address Caruthers
Miss

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