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FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6255 State File No. 19413

BIRTH NO. _____ REG. DIST. NO. 6255 PRIMARY REG. DIST. NO. 370 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLUBB		c. CITY OR TOWN CLUBB	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 yr		e. STREET ADDRESS (If rural, give location) 1110 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) WILLIAM	b. (Middle) JOHN	c. (Last) BURNS	APR. 24 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 9, 1881	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REAL ESTATE		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	11. BIRTHPLACE (City and State or Foreign Country) IRELAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL BURNS	13b. MOTHER'S MAIDEN NAME FRANCIS SCOTT	14. NAME OF HUSBAND OR WIFE FRIEDA JACKSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 299-18-9508	17. INFORMANT'S SIGNATURE OR NAME FRIEDA JACKSON BURNS	ADDRESS CLUBB MO
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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) Coronary Thrombosis		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) Arteriosclerosis DUE TO (c) Diabetes		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1/10, 1956, to 4/24, 1956, that I last saw the deceased alive on 4/23, 1956, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE John J. Myers MD	(Degree or title)	23b. ADDRESS Lexterille Mo	23c. DATE SIGNED 5/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	24d. LOCATION (City, town, or county) (State) KIRKWOOD Mo.
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DATE REC'D BY LOCAL REG. 5-23-56	REGISTRAR'S SIGNATURE Letta M. Ward	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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(Licensed Embalmer's Statement of Reverse Side)

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

95

MAY 25 1956

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 me, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Mervin E. Bowler

Licensed Embalmer No. 44

P. O. Address Piedmont

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.