

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5889

FILED MAR 11 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Chas.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Charles 0923 0
d. FULL NAME OF HOSPITAL OR INSTITUTION? East Clay		e. STREET ADDRESS (If rural, give location) 7 East Clay	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) T. c. (Last) Burnside			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH July 19, 1891	9. AGE (in years last birthday) 65	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager		10b. KIND OF BUSINESS OR INDUSTRY trucking		11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo.	

13a. FATHER'S NAME George Burnside	13b. MOTHER'S MAIDEN NAME Emily	14. NAME OF HUSBAND OR WIFE Emma Fitz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 493-07-0045	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Florence Murphy, 1300 Odesa Dr. St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 7954
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + arteriosclerosis 1954		
		DUE TO (c) 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 443x	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) 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 12, 1954, to Feb 28, 1957 that I last saw the deceased alive on 2/25, 1957, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. H. G. [Signature]	23b. ADDRESS 200 1/2 N. Main St. St. Charles, Mo.	23c. DATE SIGNED 3/1/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 3, 1957	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. MARCH 1 - 1957	REGISTRAR'S SIGNATURE Marcella Wilson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Dalloway, St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

540

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 *Frank R. Robinson*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

**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.**