Health, & Welfare
Public
Service

S. 300
1-56

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9571
STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Pemiscot 0780
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 0 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Steele 0780 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Charles Middle Durell Last Burns
4. DATE OF DEATH Month Day Year 3-3-57
5. SEX M 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1-5-1944
9. AGE (In years last birthday) 13 — IF UNDER 1 YEAR Months 1 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Emboden Ark
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred Burns
14. MOTHER'S MAIDEN NAME Mary Blansett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Burns Address Blytheville Ark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in Thoracic Cavity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 9191
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 43
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accidently shot by boy friend while hunting
20c. TIME OF INJURY Hour 2:30 p.m. Month, Day, Year 3-3-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION 078 COUNTY Steele STATE Pemiscot Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James G. Osburn Coroner 3
22b. ADDRESS Wardell, Mo.
22c. DATE SIGNED 3-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-5-57
23c. NAME OF CEMETERY OR CREMATORY Mt Zion
23d. LOCATION (City, town, or county) (State) Steele Mo

24. FUNERAL DIRECTOR German Mudt Co ADDRESS Steele Mo
25. DATE RECD. BY LOCAL REG. 3-15-57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

24 9 0

3-78-57

MAR 19 1957

MAR 21 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE
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 John W. German

Licensed Embalmer No. 435

P. O. Address Hayti, M

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.