V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 19 1957

State File No. 13556

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 64

0

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 234 N. Oxford

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

4. DATE OF DEATH (Month) (Day) (Year): April 6-1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Sept. 1-1879
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: John G. Burns
13b. MOTHER'S MAIDEN NAME: Henrietta Wardell
14. NAME OF HUSBAND OR WIFE: Ella Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-09-4708
17. INFORMANT'S SIGNATURE OR NAME: John G. Burns III 234 No. Oxford, K.C. 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): Carcinoma of Prostate

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
177X
20. AUTOPSY? YES ☐ NO ☐ 0

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 3-26, 1957, *to* 4-6, 1957, *that I last saw the deceased alive on* 4-5, 1957, *and that death occurred at* 2:35 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree of title): [signature] M.D.
23b. ADDRESS: Lee's Summit, Mo
23c. DATE SIGNED: 4-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 9, 57
24c. NAME OF CEMETERY OR CREMATORY: Mt Washington
24d. LOCATION (City, town, or county) (State): Kans. City, Mo. Jackson Co.

DATE REC'D BY LOCAL REG.: 4-9-1957
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Floral Hills Mem. Chapels K.C. Mo.

483 0

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1957

RECEIVED
APR 18 1957

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 _____
Student Embalmer

Signed Everett L. Seel

Licensed Embalmer No. 4864

P. O. Address Kansas City MO

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 this body is not embalmed, fact should be so stated above.