

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017787
STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 383 Primary Registration District No. 30355 Registrar's No. 58

Health,
& Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. Vernon, Mo.			Length of stay in lb 1 hour	d. STREET ADDRESS (If outside, give location) 4 mi. W. Mt. Vernon, Mo.			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) George Theodore Franklin Burns				First	Middle	Last	4. DATE OF DEATH May 24 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 30, 1883		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Frank Burns				14. MOTHER'S MAIDEN NAME Josephine Smith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no none		16. SOCIAL SECURITY NO. 487-03-9365		17. INFORMANT Mrs. Ruth Jones		Address Miller, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronaryocclusion							INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Angina Pectoris						4 to 5 yrs	
		DUE TO (c)							
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ at time of death. _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. G. Poreum (Degree or title)				22b. ADDRESS Mount Vernon, Mo.			22c. DATE SIGNED 5/27/57		
23a. BURIAL, CREMATION, REMOVAL & SPECIES Burial		23b. DATE 5-27-57	23c. NAME OF CEMETERY OR CREMATORY Summit Cemetery		23d. LOCATION (City, town, or county) Lawrence County, Mo.		(State)		
24. FUNERAL DIRECTOR H. O. Fawcett - Mt. Vernon Mo - ADDRESS				25. DATE RECD. BY LOCAL REG. 5-27-57		26. REGISTRAR'S SIGNATURE Cecil Hendricks			

(Licensed Embalmer's Statement on Reverse Side)

411-0

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 H U Fousell.....

Licensed Embalmer No. 22

P. O. Address Mt. Vernon

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.