

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

27871

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 57-57

| | | | | | |
|---|----------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | | 2. USUAL RESIDENCE (Where deceased lived. -If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood Mo</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Lockwood Mo</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | Length of stay in 1b <u>4 hrs</u> | d. STREET ADDRESS <u>7mi n</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Ova</u> Middle <u>Cleoy</u> Last <u>Burns</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>13</u> Year <u>1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 10 1876</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR OF UNDER 24 HRS. Months <u>3</u> Days <u>3</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Dade Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>David P Burns</u> | | | 14. MOTHER'S MAIDEN NAME <u>Jane Etler</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>496-42-5099</u> | 17. INFORMANT Address <u>Clarence Burns Lockwood Mo rt</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the stomach</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| DUE TO (b) _____ | | | | | |
| 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? <u>151X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 _____ 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 <u>June 5th 1957</u> to <u>August 13th 57</u> and last saw <u>him</u> alive on <u>Aug 13th 1957</u> Death occurred at <u>10:25p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Max Heilbrunn M.D.</u> | | | 22b. ADDRESS <u>Lockwood, Mo.</u> | | 22c. DATE SIGNED <u>8-15-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Aug 17 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lockwood</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lockwood Mo</u> |
| 24. FUNERAL DIRECTOR <u>W.R. Allison</u> | | ADDRESS <u>Greenfield Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-20-57</u> | 26. REGISTRAR'S SIGNATURE <u>J.C. Canada</u> |

(Licensed Embolmer's Statement on Reverse Side)

This certificate must be returned to the registrar. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *W.R. Allison*

Licensed Embalmer No. *40*

P. O. Address *Shenandoah*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.