

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32537

STATE FILE NUMBER

Registration District No. 178

Primary Registration District No. 5666

Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		c. CITY OR TOWN Quincy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway		d. STREET ADDRESS (If outside, give location) 317 Lind	
3. NAME OF DECEASED (Type or print) First Birney Middle Jewell Last Burns, Jr.		4. DATE OF DEATH Month October Day 6 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1929
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serviceman		10b. KIND OF BUSINESS OR INDUSTRY Quincy water works	11. BIRTHPLACE (City and state or country) Maywood, Mo.
13a. FATHER'S NAME Birney J. Burns		13b. MOTHER'S MAIDEN NAME Opal Louise Drummond	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean War		16. SOCIAL SECURITY NO.	17. INFORMANT B.J. Burns, Maywood, 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) Crushed chest			INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car accident			
DUE TO (c) Car overturned			
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"/>
20a. ACCIDENT <input checked="" 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.) Car overturned	
20c. TIME OF INJURY 11:00 a.m. 10-6-57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
		20f. CITY, TOWN, OR LOCATION New Maywood, Lewis Co. Mo.	
21. I attended the deceased from _____ to _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Carl H. Buehly, Coronar		22b. ADDRESS Centon, Mo.	
22c. DATE SIGNED 10/9/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 10 '57	
23c. NAME OF CEMETERY OR CREMATORY Quincy Memorial		23d. LOCATION (City, town, or county) (State) Quincy, Adams County, Mo.	
24. FUNERAL DIRECTOR Carl H. Buehly, Centon, Mo.		25. DATE RECD. BY LOCAL REG. 10-9-57	
		26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FEB 5 1958

VS DEC 8 1959

OCT 22 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
Signature of Student Embalmer

Signed *Earl H. Barkley*

*Embalmed by
Rucker Bros Funeral Hl.*

Licensed Embalmer No. *2615*

P. O. Address *Quinton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.