

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47111  
STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 373 Primary Registration District No. 6266 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGH PRAIRIE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN NIANGUA MO R2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ISMIE MARSHFIELD		Length of stay in lb 1 YR	d. STREET ADDRESS (If outside, give location) ISMIE MARSHFIELD

3. NAME OF DECEASED (Type or print) First Middle Last JAMES THOMAS BURNS			4. DATE OF DEATH Month Day Year DEC 6 1957		
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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 APR 2 1875	9. AGE (In years last birthday) 82	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME BILLIE BURNS	13b. MOTHER'S MAIDEN NAME SARAH ASSEN	14. NAME OF HUSBAND OR WIFE MOBBIE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT FASIE FAIN NIANGUA MO R2	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis	3 years
	DUE TO (c) Hypertensive cardiovascular disease with arrhythmia	2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (as in PART I)(b) Nephrosclerosis 2 yrs		4201

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 4/26/55 to 12/6/57 and last saw him alive on Nov. 3, 1957	Death occurred at 745 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) J. M. Macdonnell M.D.	22b. ADDRESS Marshfield, Mo.	22c. DATE SIGNED 12/7/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-8-1957	23c. NAME OF CEMETERY OR CREMATORY MT ZION	23d. LOCATION (City, town, or county) (State) WRIGHT CO MO
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24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/8/57	26. REGISTRAR'S SIGNATURE Francis
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *George Stapp* .....

Licensed Embalmer No. *3161* .....

P. O. Address *Mt. Pleasant* .....

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.