

1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 14 1958

 Registration District No. 187 Primary Registration District No. 5695 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cream Ridge Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Rural</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>8mi. N. Chillicothe</u>		Length of stay in 1b <u>2Mo.</u>	d. STREET ADDRESS <u>Rich Hill Twp.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>M.</u> Last <u>Burns</u>			4. DATE OF DEATH <u>Jan. 1, 1958</u> Month <u>Jan.</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 14, 1878</u>		9. AGE (In years last birthday) <u>79</u> FUNDER 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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and state or country) <u>Livingston Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Calvary Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Collard</u>	
14. NAME OF HUSBAND OR WIFE <u>XX</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> <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>	
17. INFORMANT <u>Mr. John Lamp, Chillicothe Mo.</u>		Address			
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>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <input type="checkbox"/> 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>Feb. 15, 54</u> to <u>Jan. 1, 58</u> and last saw her alive on <u>June 15-57</u> Death occurred at <u>11:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Joseph P. Casady, D. (Coroner)</u> (Degree or title)			22b. ADDRESS <u>Chillicothe, Mo</u>		22c. DATE SIGNED <u>Jan 4-58</u>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>burial</u>		23b. DATE <u>Jan. 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>May cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Livingston Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan - 4 - 58</u>	26. REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>

(Licensed Embalmer) (Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health,
Welfare
Public
Service

300

-57

Causally

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 *Richard H. Bandal*

Licensed Embalmer No. *4866*

P. O. Address *Phillipette*

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.