

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018666  
STATE FILE NUMBER

FILED JUN 5 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ja.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Prairie</b>		c. CITY OR TOWN <b>1116 E. 9th St.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ja. County Hospt.</b>		d. STREET ADDRESS <b>Kansas City, Mo.</b>	
Length of stay in 1b <b>9 mo-12 da</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Marycie Charlotte Burns</b>			4. DATE OF DEATH <b>May 12 1958</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		

7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 22, 1868</b>		9. AGE (In years last birthday) <b>89</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Osolesia Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>John Knotts</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Bullen</b>		14. NAME OF HUSBAND OR WIFE <b>Will Burns Dec.</b>	
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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) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>George Knotts</b>		Address <b>1116 E. 9th Kansas City Mo</b>	
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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) <b>Arterio Sclerotic Heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Generalized Arterio Sclerosis</b>			
DUE TO (c) <b>4200</b>			

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"/>
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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 <b>Dewitt, Missouri</b>	
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21. I attended the deceased from <b>July 30, 1957</b> , to <b>May 12, 1958</b> and last saw him alive on <b>May 12, 1958</b> Death occurred at <b>12:05 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <i>Clifford W. Austin</i> (Degree or title)			22b. ADDRESS <b>15 S. Summit Mo</b>		22c. DATE SIGNED <b>5-12-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 15, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dewitt, Missouri</b>	
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24. FUNERAL DIRECTOR <b>Clifford W. Austin, Tina, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 14-1958</b>		26. REGISTRAR'S SIGNATURE <i>M. B. Longford</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUN 3 1958

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 *D. B. Longford* .....  
Licensed Embalmer No. *4962* .....  
P. O. Address *Lee's Summit* .....

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.