

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI 67591-58  
STANDARD CERTIFICATE OF DEATH

58-029880  
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Lemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayth-</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hayth-</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Lemiscot Hospital 5 hrs.</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CORNELIOUS DEWAYNE BURNS</u>			4. DATE OF DEATH Month Day Year <u>8 16 58</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>2 negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> 0 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-16-58</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>5 3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hayth- MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jamie L. Burns</u>	13b. MOTHER'S MAIDEN NAME <u>Jemie M. Borders</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lacey Burns</u> Address <u>Hayth- MO</u>
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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) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <u>776 X</u>	
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 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.	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
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21. I attended the deceased from <u>16 Aug 1958</u> to <u>16 Aug 58</u> and last saw <u>him</u> alive on <u>16 Aug 1958</u> Death occurred at <u>16 Aug 1958 7 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>F. L. ...</u> (Degree or title)	22b. ADDRESS <u>Carthage MO</u>	22c. DATE SIGNED <u>8/20/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	23d. LOCATION (City, town, or county) (State) <u>Poscala MO</u>
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24. FUNERAL DIRECTOR <u>J. Smith</u> ADDRESS <u>Hayth- MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-20-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.   
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 29 1958

CARUTHERSVILLE, MO

*Handwritten signature of licensed embalmer*

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 .....

..... Licensed Embalmer No. ....

P. O. Address .....

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.