Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-008878
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 33

**1. PLACE OF DEATH**
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Altamont — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): --- — Length of stay in 1b: 9 Years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Daviess
c. CITY OR TOWN: Altamont 0316 C — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): --- — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Elvira — Middle: -- — Last: Burns

**4. DATE OF DEATH**: Month: March — Day: 26 — Year: 1959

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
**8. DATE OF BIRTH**: June 29 1877
**9. AGE** (In years last birthday): 81 — IF UNDER 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (City and state or country): Worth Co. Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Myers
**13b. MOTHER'S MAIDEN NAME**: Mary Asher
**14. NAME OF HUSBAND OR WIFE**: Thos. A. Burns (Dec'd)

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
**16. SOCIAL SECURITY NO.**: 496-42-3385
**17. INFORMANT**: Wiley Burns — Address: Jameson, Missouri

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Enlargement, nephritis — 4 yrs
DUE TO (c): glucoma & cattaract both eyes — 2 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Hypertension & total Blindness 4201

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X] 2

**20a.** ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
**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. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**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 June 1950, to Mar 26 59 and last saw her/him alive on Mar 26 1959
Death occurred at 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): H Bailey Dd 2
**22b. ADDRESS**: Gallatin Mo
**22c. DATE SIGNED**: 3/31/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 3-28-1959
**23c. NAME OF CEMETERY OR CREMATORY**: Mt. Ayr Cemetery
**23d. LOCATION** (City, town, or county) (State): Altamont, Missouri

**24. FUNERAL DIRECTOR** — ADDRESS: L. O. Richesson — Hope Funeral Home, Gallatin, Mo.
**25. DATE RECD. BY LOCAL REG.**: 4-2-1959
**26. REGISTRAR'S SIGNATURE**: Virgie M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. H. W. Bailey

## 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 L. O. Nicholson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.