

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020117
STATE FILE NUMBER

FILED MAY 27 1959 Registration District No. 240 Primary Registration District No. 3075 Registrar's No. 49

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Dexter
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b	103 d. STREET ADDRESS (If outside, give location) 144 Kitchen
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Walter Middle Leslie Last Burns			4. DATE OF DEATH Month April Day 20 Year 1959		
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 Jan. 7, 1895		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) McLeansboro, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Burns		13b. MOTHER'S MAIDEN NAME Lottie		14. NAME OF HUSBAND OR WIFE Locie Burns	
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. 495-14-3320	17. INFORMANT Address Locie Burns, Dexter, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 24 hours 1 week 1 1/2 years
IMMEDIATE CAUSE (a) Pneumonia bilateral		
DUE TO (b) Congestive Heart failure		
DUE TO (c) Emphysema of liver		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810		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.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Dexter, Missouri	COUNTY STATE
21. I attended the deceased from Death occurred at 12:42 P.M. March 30th 1959 on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her/him alive on April 19th 1959	
22a. SIGNATURE D. Somers (Degree or title) M. D.		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 4-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-22-59	23c. NAME OF CEMETERY OR CREMATORY Hagy	23d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.
24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 5-20-59	26. REGISTRAR'S SIGNATURE Velma V. Jones

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

MEDICAL CERTIFICATION

409-1

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 *Lucille Rainey*.....

Licensed Embalmer No. *4983*..

P. O. Address *Dexter, 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.