

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1959

59-025029

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3524 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in b. <u>20 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Hyde Park Hotel</u> <u>336 West 36th St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Patrick</u> Middle <u>C.</u> Last <u>Burns</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1959</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>5-14-87</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STOCK BUYER ARMOUR CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CO.</u>		11. BIRTHPLACE (City and state or country) <u>LIMA LIVINGSTON CO. N.Y. USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>TIMOTHY BURNS</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN DWYER</u>	
14. NAME OF HUSBAND OR WIFE <u>LUCILLE E. BURNS</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>		16. SOCIAL SECURITY NO. <u>338 09 0525 A</u>	
17. INFORMANT <u>W. T. BURNS</u>		Address <u>5420 ROCKHILL RD.</u>			

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>Acute congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
DUE TO (b) <u>Adenoma carcinoma transverse colon</u>		<u>Jan 59.</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>12:15</u> a.m. p.m.	Month, Day, Year		

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
21. I attended the deceased from <u>May, 1959</u> to <u>July 18, 59</u> and last saw her/him alive on <u>July 17, 1959</u> Death occurred at <u>12:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Lyle G. Willits</u> (Degree or title)		22b. ADDRESS <u>1103 Grand Avenue</u>		22c. DATE SIGNED <u>7/19/59</u>
23a. BURIAL, CREMATION, REMOVAL (specify) <u>BURIAL</u>	23b. DATE <u>JULY 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomers Sons Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-20-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minichall</u>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
LYLE G. WILLITS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.