

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040690

FILED VS NOV 20 1959

STATE FILE NUMBER

Registration District No. 16.3 Primary Registration District No. 5093 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL PLATTIN		Length of stay in 1b ---	c. CITY OR TOWN FESTUS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY #61		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 911 SOUTH SECOND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOAN First HARRIET Middle BURNS Last			4. DATE OF DEATH NOV. 12, 1959 Month NOV. Day 12, Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-10-59	9. AGE (last birthday) 102 months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN BURNS		13b. MOTHER'S MAIDEN NAME MARION LOVE		14. NAME OF HUSBAND OR WIFE -----		
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. none	17. INFORMANT Address MRS. JACK BURNS FESTUS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple fractures					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 checked="" 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.) Auto-truck accident			
20c. TIME OF INJURY 6:50 Hour 11-12-59 Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION JOACHIM	COUNTY JEFF	STATE MO	
21. I attended the deceased from Inquest 6:50 P.M. to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>James H. Crown</i> (Degree or title)			22b. ADDRESS <i>Festa</i>		22c. DATE SIGNED 11/15/59	
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-15-59	23c. NAME OF CEMETERY OR CREMATORY ROSELAWN MEMORIAL		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO. ADDRESS			25. DATE RECD. BY LOCAL REG. Nov. 17-1959	26. REGISTRAR'S SIGNATURE <i>Marie Harris</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 20 1959

DEC 18 1959

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 Quincy R. Paul

Licensed Embalmer No. 348

P. O. Address Crystal

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.