URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010055

FILED VS APR 4 1960

ENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 189

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff
Length of stay in Hospital: 2 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Brandon Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Butler
c. CITY OR TOWN: Mill Springs, ~~Poplar Bluff~~
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Patrick Middle: Last: Burns
4. DATE OF DEATH: Month Day Year: March 14, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/15/1882
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 9 Days 29
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Dublin, Ireland
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Edward Burns
13b. MOTHER'S MAIDEN NAME: Mary Annie Havern
14. NAME OF HUSBAND OR WIFE: Never Married
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.
17. INFORMANT: Mrs. Minnie Kenefick, Mills Springs Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis — unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 3-7-60, to 3-14-60 and last saw her/him alive on 3-14-60
Death occurred at 8:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. L. Brandon, M.D. — W.L. Brandon, M.D.
22b. ADDRESS: 1124 N. Main, Poplar Bluff, Mo.
22c. DATE SIGNED: 3-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/17/1960
23c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Chapel, Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 3/25/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 20 1960

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_____ Signed Charles E. Mungl

Signature of Student Embalmer

Licensed Embalmer No. 487

P. O. Address Poplar B

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