

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014386  
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 54

AMENDED

FILED APR 18 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>LINN.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in 1b <u>8 MO.</u>	c. CITY OR TOWN <u>Brookfield</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>Gen. John V. Pershing</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>413 PLEASANT.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Cynthia</u> Middle <u>LYNN</u> Last <u>BURNS.</u>			4. DATE OF DEATH Month <u>4</u> Day <u>9</u> Year <u>61</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-11-60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>-1</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u> IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Brookfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>PAUL W. BURNS.</u>		13b. MOTHER'S MAIDEN NAME <u>JANE KATAMONDEER.</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Father.</u> Address <u>413 Pleasant Brookfield, Mo.</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>Broncho-pneumonia.</u> DUE TO (b) <u>Muscle.</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours.</u> <u>5 days.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Convuls. shock.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u>—</u>	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>	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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>—</u> COUNTY <u>—</u> STATE <u>—</u>
21. I attended the deceased from <u>4-8-61</u> to <u>4-9-61</u> and last saw her/him alive on <u>4-9-61</u> . Death occurred at <u>4:10 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D.W. Buchanan M.D.</u> (Degree or title)		22b. ADDRESS <u>Brookfield Mo.</u>	22c. DATE SIGNED <u>4/9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR. 11, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>REST HAVEN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>
24. FUNERAL DIRECTOR <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-10-61</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>

**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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield 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.