

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044132

Registration District No. 112 Primary Registration District No. 5429 Registrar's No. 23 STATE FILE NUMBER

FILED DEC 27 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MO.</u>	b. COUNTY <u>FRANKLIN</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEAUFORT, MO. R.F.D. LYON</u>		c. CITY OR TOWN <u>BEAUFORT, MO. R.F.D.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>X</u>		d. STREET ADDRESS (If outside, give location) <u>/</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last <u>WILLIAM - HARRY BURNS</u>			Month Day Year <u>DEC. 21, 1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY-10-1891-70 YRS.</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	11. BIRTHPLACE (City and state or country) <u>GRAY SUMMIT, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES T. BURNS.</u>		13b. MOTHER'S MAIDEN NAME <u>CALLIE WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE BURNS</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X No.</u>	17. INFORMANT <u>JOSEPHINE BURNS (WIFE)</u>
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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
IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u>		
DUE TO (b) <u>Cerebral Arteriosclerosis</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) <u>Previous C.V.A. & Mild Paralysis</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 1956 to 1961 and last saw him live on 1959.
Death occurred at 11 AM on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dress or title) <u>James A. Shea M.D.</u>	22b. ADDRESS <u>Herald MO</u>	22c. DATE SIGNED <u>12/27/61</u>
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23a. BURIAL, CREMATION, REQUIVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 23, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRUSH-CREEK-CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>GRAY SUMMIT, MO.</u>
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24. FUNERAL DIRECTOR <u>Harold W. Holderrith</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec. 22. 61</u>	26. REGISTRAR'S SIGNATURE <u>John Charles Finley</u>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1961

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 E H Jenne, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed E H Jenne

Licensed Embalmer No. 3076

P. O. Address Beaufort

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.