

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045545

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 207

Primary Registration District No.

Registrar's No. 41

AMENDED

FILED DEC 19 1961

1. PLACE OF DEATH

a. COUNTY

Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Rural Jackson

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Maries

c. CITY

OR

TOWN

Rural Jackson

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

Meta, Missouri, Route #2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

James

Monroe

Burns

4. DATE OF DEATH

Month

Day

Year

12

8

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/11/1885

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming--Retired

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Maries County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Burton Burns

13b. MOTHER'S MAIDEN NAME

Sarah Caldwell

14. NAME OF HUSBAND OR WIFE

Lee Burns

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.

Unknown

17. INFORMANT

Address

Mrs. J. M. Burns, Meta, Missouri, Rt. #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Canceroma of colon

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

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.

☐ 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 3/17/61 to 10/6/61 and last saw her alive on 10/6/61

Death occurred at 8:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Judge or Notary)

22b. ADDRESS

22c. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/10/1961

23c. NAME OF CEMETERY OR CREMATORY

Meta South Side Cemetery

23d. LOCATION (City, town, or county)

Meta, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG.

12-14-1961

26. REGISTRAR'S SIGNATURE

Mozelle Hutchinson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 26 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.