

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 817

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUN 12 1962**

1. PLACE OF DEATH  
 a. COUNTY Butler  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in lb 8 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Inside/Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Carter  
 c. CITY OR TOWN Van Buren Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Leo Truman Burns

4. DATE OF DEATH Month Day Year  
May 19 - 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9-19-95 9. AGE (last birthday) 66 Months 8 Days 8 IF UNDER 1 YEAR IF UNDER 24 HR Hours 8 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Johnson Co. Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John H. Burns 13b. MOTHER'S MAIDEN NAME Louy Agnes Frances 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. 17. INFORMANT Address Harry Burns Van Buren, 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) Acute Dehydration -  
 DUE TO (b) Dehydration -  
 DUE TO (c) Acute Dehydration -  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Recent Urinal Hemorrhage 5 days

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 Month Day Year  
May 19 11:00 a.m.

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 11 May 62 to 19 May 62 and last saw him/her alive on 19 May 62  
 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bro. Burns MD 22b. ADDRESS 321 Oak Poplar Bluff Mo 22c. DATE SIGNED 2 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-22-62 23c. NAME OF CEMETERY OR CREMATORY Eastwood 23d. LOCATION (City, town, or county) (State) Carter Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Seaton Pruitt Van Buren 25. DATE RECD. BY LOCAL REG. 6/9/1962 26. REGISTRAR'S SIGNATURE Thelma Graham

USE BLACK INK OR TYPEWRITER RIBBON

**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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.