

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-041524**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 7/1962 Primary Registration District No. 5042 Registrar's No. 92

**FILED DEC 7 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BARRY</b>  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>LIBERTY</b>  |   | c. CITY OR TOWN <b>Exeter, Mo. Rural</b>  |  |
| Length of stay in lb <b>1 Year</b>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>At home Exeter, Mo. RR</b>   |   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>DAVID</b> Middle <b>Dwayne</b> Last <b>BURNS</b>   |   | 4. DATE OF DEATH <b>NOVEMBER 25 1962</b><br>Month Day Year  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>11/10/61</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Child</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Cassville, Missouri USA</b>   |
| 13a. FATHER'S NAME<br><b>Darrell L. Burns</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Betty Jane Craig</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Mr. &amp; Mrs. Darrell Burns Exeter Mo. Rural</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Apparent Natural Causes</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Investigated by Barry Co. Sheriff</b>  |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____  |   |   |  |
| 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>3:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 21. SIGNATURE (Degree or title)<br><b>Grace Williams Local Registrar</b>   |   | 22b. ADDRESS<br><b>Cassville Mo</b>   | 22c. DATE SIGNED<br><b>11-26-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE OF INTERMENT<br><b>11/27/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Pleasant Cem.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Butterfield, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>W. Morris Poque Wheaton</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-26-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Grace Williams</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

