

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38862**
 Registrar's No. **249**

FILED DEC 7 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

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1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton	c. LENGTH OF STAY (in this place) 3 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Rural Clinton Prop	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Convalescing Home		d. STREET ADDRESS (If rural, give location) Clinton Township	

3. NAME OF DECEASED (Type or Print) a. (First) Mattie	b. (Middle) Iratta	c. (Last) BURNS	4. DATE OF DEATH (Month) (Day) (Year) 11-26-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-3-1875	9. AGE (in years last birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HRS. Hours	13. UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John West	13b. MOTHER'S MAIDEN NAME Mary Burn	14. NAME OF HUSBAND OR WIFE George Burns
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Stacy Burns	ADDRESS Clinton Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3-4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction		
	ANTECEDENT CAUSES DUE TO (b) cardiac decompensation with edema DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan**, 19**52**, to **11-26**, 19**53**, that I last saw the deceased alive on **11-24**, 19**53**, and that death occurred at **4 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. Walker	(Degree or title) D. M. D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 11-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-28-1953	24c. NAME OF CEMETERY OR CREMATORY Englewood Cem	24d. LOCATION (City, town, or county) (State) Henry Co Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec-3-53 Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Dunning	ADDRESS Clinton Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.