

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

13847

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 49

Health,
& Welfare
Public
ServiceS. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BROOKFIELD 0582 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 ELLIOTT ST Length of stay in lb 10 YRS		d. STREET (If outside, give location) ADDRESS 416 ELLIOTT ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIKE Middle BURNS Last BURNS		4. DATE OF DEATH APR. 15, 1957 Month APR Day 15 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 28, 1875
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) FARMER-RET		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	
11. BIRTHPLACE (City and state or country) BROOKFIELD, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN BURNS		14. MOTHER'S MAIDEN NAME LIZZIE OXLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. DELLA BURNS, BROOKFIELD, Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arteriosclerosis 443x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral hemorrhage 4 yrs ago			INTERVAL BETWEEN ONSET AND DEATH 18 mos 10 yrs 10 yrs
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 Sept 1956 to Apr. 15-1957 and last saw her alive on 4-15-57 Death occurred at 12 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W B Simpson DR (Degree or title)		22b. ADDRESS Brookfield Mo	
22c. DATE SIGNED 4/16/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 18, 1957	
23c. NAME OF CEMETERY OR CREMATORY ST. MICHAEL Cem		23d. LOCATION (City, town, or county) (State) BROOKFIELD, Mo	
24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, BROOKFIELD, Mo ADDRESS		25. DATE RECD. BY LOCAL REG.	
26. REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

167-0

OCT 6 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.