

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **61-018485**

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **164**

AMENDED

FILED MAY 29 1961

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Florence	
Length of stay in lb 2 days		Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS Route 1 (If outside, give location)	
Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Albert Last Burns			4. DATE OF DEATH Month May Day 19 Year 1961		
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 4/6/02	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (City and state or country) Syracuse, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Byron Burns		13b. MOTHER'S MAIDEN NAME Mollie Mattox Burns	
14. NAME OF HUSBAND OR WIFE Mildred Cox Burns		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 493-14-9909	
17. INFORMANT Mildred Burns, Route 1, Florence, 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 Rt. Heart Failure (Cor Pulmonale) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chronic Pulmonary Fibrosis, Emphysema DUE TO (b) Chronic Pulmonary Fibrosis, Emphysema DUE TO (c) Chronic Pulmonary Fibrosis, Emphysema		INTERVAL BETWEEN ONSET AND DEATH 48 hours	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 11:00 PM Month, Day, Year May 19 1961	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY Morgan STATE Missouri	

21. I attended the deceased from November 1960 to May 19 1961 and last saw him alive on May 19 1961 Death occurred at 11:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dr. S. E. Ewing (Degree or title)		22b. ADDRESS Sedalia, Mo.	
22c. DATE SIGNED 5/29/61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/22/61	
23c. NAME OF CEMETERY OR CREMATORY Akinsville Cemetery		23d. LOCATION (City, town, or county) Rural Morgan County, Missouri		24. FUNERAL DIRECTOR Frances Ewing ADDRESS Sedalia, Mo.	
25. DATE RECD. BY LOCAL REG. 5-21-1961		26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.