

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16912

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3023		Registrar's No. 224			
1. PLACE OF DEATH a. COUNTY <u>Wacode</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wacode</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wabawon</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u>		53			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Eldridge Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>Ervin D. Burns</u>			a. (First) <u>D.</u> b. (Middle) <u>Burns</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 22 1947</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Wacode County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joe Burves</u>			13b. MOTHER'S MAIDEN NAME <u>Joice Young</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Burves Eldridge, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Broncho</u> <u>Belated</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>ET: 11X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-25</u> , 19 <u>49</u> , to <u>1-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. E. Hanel M.D.</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Missouri</u>		23c. DATE SIGNED <u>1-27-49</u> (State)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hust Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wacode County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb 1 - 49</u>		REGISTRAR'S SIGNATURE <u>Lessie B. Lynly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H14 Palmer's Lebanon, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Margna Ruth Allen

Student Embalmer No. *295*

working under my personal supervision.

Student *Emmett E. Everett 246*
Student Embalmer

Signed *Richard L. Palmer*

Licensed Embalmer No. *4595*

P. O. Address *Lilnon, 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.