

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

211

State File No.

BIRTH NO. 291-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 125

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Industrial City | |
| d. FULL NAME OF HOSPITAL OR MEDICAL INSTITUTION: Methodist Hospital | | d. STREET ADDRESS (If rural, give location) ----- | |

| | | | |
|--|---------------------|---------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward | b. (Middle) Sweeney | c. (Last) Burns Jr. | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1950 |
|--|---------------------|---------------------|--|

| | | | | | | | |
|-------------------------|---------------------------|---|----------------------------------|--------------------------------------|---------------------------|---------------------------|--------------------------|
| 5. SEX Male <u>0</u> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Jan 30, 1950 | 9. AGE (In years last birthday) 9 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 15 MIN. Min. |
|-------------------------|---------------------------|---|----------------------------------|--------------------------------------|---------------------------|---------------------------|--------------------------|

| | | | |
|--|--|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----- | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (State or foreign country) St. Joseph <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|--|-------------------------------------|

| | | |
|---|--|--------------------------------------|
| 13a. FATHER'S NAME Edward S. Burns Sr. | 13b. MOTHER'S MAIDEN NAME Helen Mae Clark | 14. NAME OF HUSBAND OR WIFE ----- |
|---|--|--------------------------------------|

| | | | |
|--|---------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Edward S. Burns Sr. - St. Joseph, Mo. | ADDRESS |
|--|---------------------------------|--|---------|

| | | | |
|---|---|-----------------------------|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs 7625 |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis | DUE TO (b) Prerenal (7 mon) | |
| | 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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 Jan 30, 1950, to Jan 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 7:17 p. m., from the causes and on the date stated above.

| | | | |
|---|-------------------|---------------------------------|-----------------------------|
| 23a. SIGNATURE <i>Robert A. Rowland M.D.</i> | (Degree or Title) | 23b. ADDRESS St. Joseph, Mo. | 23c. DATE SIGNED 1-31-50 |
|---|-------------------|---------------------------------|-----------------------------|

| | | | |
|---|----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-31-50 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
|---|----------------------|--|---|

| | | | | |
|---|--|-----|---|---------------------------------|
| DATE REC'D BY LOCAL REG. Feb. 17, 1950 | REGISTRAR'S SIGNATURE E. C. Jenkins | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE Stacey Funeral Home | ADDRESS St. Joseph, Missouri |
|---|--|-----|---|---------------------------------|

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.