

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0117  
State File No. 20104  
2583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BACHAMAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT JOSEPH (St. Joseph)</u>	
c. LENGTH OF STAY (In this place) <u>10-DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>22 PINE BLVD. N. W. STREET OFFICE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Robideaux Hotel</u>	

3. NAME OF DECEASED (Type or Print) <u>ELLWOOD</u>	a. (First)	b. (Middle)	c. (Last) <u>BURNS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1950</u>
--	------------	-------------	------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV-11-1869</u>	9. AGE (In years last birthday) <u>80 YEARS</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 20 YRS SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JOHNSON &amp; WALCO ST. JOSEPH, MISSOURI</u>	11. BIRTHPLACE (State or foreign country) <u>OSCEOLA IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>JAMES FITCH BURNS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CATHERINE JENNINS</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. FLOAL LEWIS BURNS</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>487-14-4513</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HARVEY PAULETTE</u>	ADDRESS <u>2209 E. 10TH ST. 1500 KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>150X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus with metastases</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. <u>Coronary atherosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 7:19 pathologist that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:15 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Benson M. Powell II</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Research Hospital, K.C., Mo.</u>	23c. DATE SIGNED <u>June 9, 1950</u>
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MISSOURI</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG <u>6-10-50</u>	REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>1321 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
--	--	---	---

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.

Student .....  
Student Embalmer

Signed *Doyle L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.