

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26928

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY Adair 0013
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville
c. LENGTH OF STAY (in this place) Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1002-N-Olive St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Adair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) James b. (Middle) Welcome c. (Last) BURNES
4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH March 23, 1877 9. AGE (In years last birthday) 74 # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Wkr 10b. KIND OF BUSINESS OR INDUSTRY same 11. BIRTHPLACE (State or foreign country) Adair Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Burnes 13b. MOTHER'S MAIDEN NAME Mobbie Hicklin 14. NAME OF HUSBAND OR WIFE (If deceased, give name and address) Mr. J. W. Burnes, 1002-N-Olive, Kirksville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss J. W. Burnes, 1002-N-Olive, Kirksville

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) Coronary Occlusion
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer
INTERVAL BETWEEN ONSET AND DEATH mins
Yes
Yes

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201 H 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert B. Davis (Degree or title) Coroner 23b. ADDRESS Adair County, Mo. 23c. DATE SIGNED 8-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-28-51 24c. NAME OF CEMETERY OR CREMATORY Cherstreet Cem. 24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. 8-28-51 REGISTRAR'S SIGNATURE Wato Lambert 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert B. Davis, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1549
Date Filed: SEP 5 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

working under my personal supervision.

Student Embalmer No.

Signed

Robert B. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. 4219

P. O. Address

Kirkville, 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.