

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38170

State File No. ....

S. No. 300  
v. 10.48

FILED NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 143

#2  
1352

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>2MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 South Everett St.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
d. STREET ADDRESS <u>705 South Everett St.</u>		(If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Bobby</u> b. (Middle) <u>Lee</u> c. (Last) <u>Burns</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 31, 1952</u>
9. AGE (In years last birthday) <u>2</u> Months <u>6</u> Days		10. IF UNDER 1 YEAR: Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cottonwood Point, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hildred Lee Burns</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Pauline Moody</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Pauline Burns</u> ADDRESS <u>Kennett, 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>Dysentery</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>Nov 1, 1952</u> to <u>Nov 5, 1952</u> , that I last saw the deceased alive on <u>Nov 5, 1952</u> and that death occurred at <u>4:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chester A. Beck</u> (Degree or Title)		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>Nov 11, 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 7, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-11-1952</u>		REGISTRAR'S SIGNATURE <u>Carl Humbert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Service</u>		ADDRESS <u>Kennett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 11-12-52 .....

COUNTY FILE NUMBER ..... 1152-308 .....

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.