

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10577**

FILED MAR 18 1953

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 107						
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 312 So. Levering						
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 So. Levering				d. STREET ADDRESS (If rural, give location) 312 So. Levering								
3. NAME OF DECEASED (Type or Print) Cornelius Burns			a. (First)			b. (Middle)						
c. (Last) Burns			4. DATE OF DEATH 2/28/1953			5. SEX Male						
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Oct. 20, 1874						
9. AGE (In years last birthday) 78			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (City and State or Foreign Country) LaBelle, Missouri						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA						
13a. FATHER'S NAME Newt Burns			13b. MOTHER'S MAIDEN NAME Mattie Oliver			14. NAME OF HUSBAND OR WIFE Hattie Bunns						
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.			17. INFORMANT'S SIGNATURE OR NAME Hattie Burns ADDRESS 312 So. Levering Hannibal Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X		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) Hannibal		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 2-27-1953 to 2-28-1953 , that I last saw the deceased alive on 2-28-1953 , and that death occurred at 2:25A m., from the causes and on the date stated above.												
23a. SIGNATURE R. Miller (Degree or title) D.O.						23b. ADDRESS Hannibal Mo.			23c. DATE SIGNED 3-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/3/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal Marion Mo.						
DATE REC'D BY LOCAL REG. 3-11-53		REGISTRAR'S SIGNATURE Dr. E. M. Lucke				25. FUNERAL DIRECTOR'S SIGNATURE W. M. O'Donnell			ADDRESS Hannibal Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 16 1953

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED MAR 16 1953

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 W. M. O'Donnell

Licensed Embalmer No. 3884

P. O. Address Hannibal 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.