

S. No. 300
10:48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32384

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 314

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| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MARION</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u> <u>0644</u> | |
| c. LENGTH OF STAY (In this place) <u>1 DAY</u> | | d. STREET ADDRESS (If rural, give location) <u>3208 JAMES RD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AUBREY</u> b. (Middle) <u>ERIC</u> c. (Last) <u>BURNS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-1953</u> | | |
|--|--|--|---|--|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|--|---|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUG 10 1890</u> | 9. AGE (In years last birthday) <u>63</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 MRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SKILLED LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RUBBER PLANT</u> | 11. BIRTHPLACE (State or foreign country) <u>SCOTLAND CO, MO.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>JACOB E. BURNS</u> | 13b. MOTHER'S MAIDEN NAME <u>NORA HUMPHREY</u> | 14. NAME OF HUSBAND OR WIFE <u>EVA BURNS</u> |
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| 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>490-07-7664</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ma Eva Burns Hannibal Mo</u> | ADDRESS <u>Hannibal Mo</u> |
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| 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 <u>10 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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) |
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|--|--|----------------------------|
| 22a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 22b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 22c. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 8/5/53, 1953, to 8/6/53, 1953, that I last saw the deceased alive on 8/6/53, 1953, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

| | | |
|---|---|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>2911 N 5th St Hannibal Mo</u> | 23c. DATE SIGNED <u>8/12/53</u> |
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|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9-9-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GRANDVIEW CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO</u> |
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| DATE REC'D BY LOCAL REG. <u>9/8/53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Hannibal Mo</u> |
|--|--|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 17 1952

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

Ralph C. Clark

Licensed Embalmer No. 4217

P. O. Address Harrisburg, Pa.

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.