

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45169

State File No. _____

FILED JAN 7 1954

0874
1951

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>444</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If hospitalized, write hospital name) a. STATE <u>MO.</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write BURAL and give township) <u>OAKWOOD</u>		c. LENGTH OF STAY (If hospitalized) <u>12</u> <u>days</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Oakwood Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>3915 MARKET ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>BURNS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1953</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>JAN 8, 1868</u>	
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ADAIR CO., MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>GEOGEN BURNS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH A. SHIPLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NORAH E. 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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aubrey E Burns Jr. - St. Louis, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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>Pinility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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>12/9/53</u> , 19____, to <u>12/25/53</u> , 19____, that I last saw the deceased alive on <u>12/25/53</u> , 19____, and that death occurred at <u>12:25pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard M. Strong M.D.</u>				23b. ADDRESS <u>115 N 5th St Hannibal Mo</u>		23c. DATE SIGNED <u>12/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-54</u>		REGISTRAR'S SIGNATURE <u>Robt M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roger Clark - Hannibal, Mo</u>			

RECEIVED 1-6-54
HEALTH DEPT.
DATE FILED 1-6-54

APR 26 1954

JAN 22 1954

FEB 9 1954

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 Clark

Licensed Embalmer No. 4217

P. O. Address Memphis, 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.

45169-53

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 43618

State of Missouri }
County of Cole } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 446

On this 8th day of February, 1954, before me appears Mrs. Ernestine Burns Aylor, who, upon her oath, states that the original record of ^{birth}~~death~~ for Jacob Ernest Burns, died Dec. 25, ~~Jan. 25,~~ 1953, in the State of Missouri, and which was filed at Hannibal, Mo. on Jan. 4, 1954, should be corrected as follows:

Item No. 1 should read a. Ralls b. Hannibal c. 27

Instead of a. Marion b. Oakwood c. 26

Item No. 2 should read a. Mo. b. Ralls c. Hannibal

Instead of a. Marion b. Marion c. Oakwood

Item No. 10a should read U. S. Postal Dept.

Instead of Postmaster

Item No. ~~18 1a~~ should read Cerebral hemorrhage ~~9~~ 19 days

Instead of Cerebral hemorrhage 9 days

Item No. 24b should read 12-28-53

Instead of 12-29-53

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mrs. Ernestine Aylor Slaght
Relationship
3915 Market St. Hannibal, Mo.
Present Address.

Subscribed and sworn to before me this 8th day of February, 1954

My Commission expires Dec. 6 - 1957 Archie J. Keller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-45169

aylon

FEB 9 1964