

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19566

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS - MARCELINE</u>		d. STREET ADDRESS (If rural, give location) <u>205 N. KANSAS AVE</u>	

3. NAME OF DECEASED a. (First) <u>ALPHA</u> b. (Middle) <u>L.</u> c. (Last) <u>BURNS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-54</u>		
5. SEX <u>M -</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>19 JAN. 1879</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Days <u>5</u> IF UNDER 1 HR. Hours <u>8</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LAW.</u>		
11. BIRTHPLACE (City and State or foreign country) <u>BROOKFIELD, MO RT. 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		

13a. FATHER'S NAME <u>JOHN THOMAS BURNS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JOYCE</u>		14. NAME OF HUSBAND OR WIFE <u>HANNA FRANCES BURNS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HANNA F. BURNS - MARCELINE</u> ADDRESS <u>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>CEREBRAL HEMORRHAGE.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>8 HOURS</u> <u>SEVERAL</u> <u>YEARS</u>
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 <u>331X</u>		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)	
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 JUNE 21 1954 to JUNE 27 1954, that I last saw the deceased alive on JUNE 27, 1954, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Berry M.D.</u> (Degree or title)		23b. ADDRESS <u>Marceline Mo</u>		23c. DATE SIGNED <u>6-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MICHAELS</u>	
24d. LOCATION (City, town, or county) <u>BROOKFIELD</u>		24e. (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-29-54</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Probyway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gas McLaughlin</u> ADDRESS <u>Marceline Mo</u>	

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

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JUL 13 1968

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 George D. Russell
Licensed Embalmer No. 425
P. O. Address Marion, 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.