

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23798
State File No.

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 74

| | | | |
|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived: If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY OR TOWN <u>Neosho</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Seneca</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp</u> | | • STREET ADDRESS (If rural, give location) <u>0730</u> | |

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|--|---------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>Ira</u> c. (Last) <u>BURNS</u> | | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>13</u> (Year) <u>1954</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u> | 8. DATE OF BIRTH <u>Sept. 11, 1911</u> | 9. AGE (In years last birthday) <u>42</u> | 10. UNDER 15 YRS. (Specify) _____ |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Fireman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTH PLACE (City and State or Foreign Country) <u>Bree, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Joe Burns</u> | | 13b. MOTHER'S MAIDEN NAME <u>Florence Weeks</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pearl Burns</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>496-10-6506</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Burns, Seneca, 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adnocarcinoma, abd</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u> | |
| | | ANTECEDENT CAUSES 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. | | | |

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|---|--|--|--|--|--|
| 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 6-20, 1954, to 7-13, 1954, that I last saw the deceased alive on 7-13, 1954, and that death occurred at 1 PM m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Harold C. Lent</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Neosho Mo.</u> | | 23c. DATE SIGNED <u>7-14-54</u> | |
|--|--|--------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>7-16-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Balles Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u> | |
|--|--|--------------------------|--|---|--|--|--|

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>7/14/54</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Williams, Seneca Mo.</u> | |
|---|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

132

RECEIVED

District Health Officer No. _____
District File Number 254-134

Date Filed _____

NEWTON COUNTY HEALTH UNIT

FEB 17 1954
NEWSHO, MISSISSIPPI

FEB 5 1952

JUL 30 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 _____
Signature of Student Embalmer

Signed W. B. Biddle

Licensed Embalmer No. 217

P. O. Address Seneca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.