

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6965

State File No. ....

FILED MAR 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>331</u>		PRIMARY REG. DIST. NO. <u>4486</u>		Registrar's No. <u>92</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>SCOTT</u>		<u>1000</u>		a. STATE <u>MO</u>		b. COUNTY <u>SCOTT</u>		
b. CITY (If outside corporate limits, write RURAL and give townships) <u>BENTON</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BENTON</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				STREET ADDRESS (If rural, give location) <u>1000</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>JOE</u>	b. (Middle) <u>KING</u>	c. (Last) <u>BURNS</u>	(Month) <u>2</u>	(Day) <u>11</u>	(Year) <u>1955</u>			
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>MAY 12 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SANDWICH SHOP PROP.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLIFTON TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>RUFUS EDWARD BURNS</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE RAY</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WNF</u>		16. SOCIAL SECURITY NO. <u>486-38-1256</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ma Bessie Burns Benton 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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>						<u>5 Min</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Cerebral Hemorrhage 2 yrs. ago.</u>							
	DUE TO (c)							
	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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Shelma C. Bush-Kaye, M.D. Health Officer</u>				23b. ADDRESS <u>Benton, Mo</u>		23c. DATE SIGNED <u>2-14-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELE</u>		24d. LOCATION (City, town, or county) (State) <u>STEELE MO</u>			
DATE REC'D BY LOCAL REG. <u>3-9-1955</u>		REGISTRAR'S SIGNATURE <u>Ma Addie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weldal Funeral Home - Clifton Mo</u>		ADDRESS		

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

DATE RECEIVED ~~MAR 7~~ 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-55

MAR 14 1955

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 Raymond Crews

Licensed Embalmer No. 346

P. O. Address Sikeston

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.