

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30041**

FILED OCT 11 1955

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY OR TOWN Eldridge	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 19 hours		STREET ADDRESS (If rural, give location) Eldridge, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) _____ c. (Last) Burns	4. DATE OF DEATH October 2, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 26, 1937	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 5 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Tree Service	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Decaturville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Luther Burns	13b. MOTHER'S MAIDEN NAME Leona Mc Guire	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. 498-38-9502	17. INFORMANT'S SIGNATURE OR NAME Mr. Luther Burns	ADDRESS Eldridge, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion of brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Traumatic head injury DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock, multiple abrasions & lacerations left upper extremity,			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION head + chest. Fracture left femur	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (Specify) Camdenton, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Camdenton Camden Mo.
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21d. TIME OF INJURY 10-2-55	(Month) (Day) (Year) (Hour) 2:00 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head-on auto collision - thrown from car.
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22. I hereby certify that I attended the deceased from **10-2-1955**, to **10-2-1955**, that I last saw the deceased alive on **10-2-1955**, and that death occurred at **7:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE B B Hueston M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 10-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/6/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Horeb Cemetery	24d. LOCATION (City, town, or county) (State) near Eldridge, Missouri
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DATE REC'D BY LOCAL REG. 10-6-1955	REGISTRAR'S SIGNATURE Hella E. Hays	424	25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home	ADDRESS Lebanon, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 10-10-55

Laclede County Health Unit

File No. 162

Date Filed 10-10-55

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 Dorsey M. How

Licensed Embalmer No. 42

P. O. Address Lebanon

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.