

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36769**
4881

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 3 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		• STREET ADDRESS (If rural, give location) 2216 E. 68TH TERRACE	

3. NAME OF DECEASED (Type or Print) a. (First) ROYAL b. (Middle) PHILLIP c. (Last) BURNS	4. DATE OF DEATH (Month) (Day) (Year) NOV. 10, 1955
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5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 3, 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EYES-SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY LIFE INSURANCE		11. BIRTHPLACE (City and State or Foreign Country) ASHLAND OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BARNEY BURNS	13b. MOTHER'S MAIDEN NAME MARY UNKNOWN	14. NAME OF HUSBAND OR WIFE BERTHA BURNS
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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. 493-22-8737	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Smith	ADDRESS 2216 E. 68th TERRACE KANSAS CITY, MO.
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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, assthenia, 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) Bronchial pneumonia		526h
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr-Bronchiectasia		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture left hip			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION 10/25/55	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture left hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct-23-55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in house
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22. I hereby certify that I attended the deceased from **Oct-23, 1955**, to **Nov-10, 1955**, that I last saw the deceased alive on **Nov-10, 1955** and that death occurred at **6:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE Carl H. Brust MD	(Degree or title) MD	23b. ADDRESS 106 W 14th St. Peoria, Mo	23c. DATE SIGNED 11-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE NOV. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY SPRINGDALE CEMETERY	24d. LOCATION (City, town, or county) (State) PEORIA ILLINOIS
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DATE REC'D BY LOCAL REG. 11-12-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE W W Newcomer	ADDRESS 3915 Grand Ave St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl H. Brust

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..... *John B Lewis*

Licensed Embalmer No. 48

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.