

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41307

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5693 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Mound</u>		c. CITY OR TOWN <u>Blue Mound</u>	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) <u>64 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0590</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1 1/2 Mi. North of Blue Mound</u> <u>1 1/2 Mi N. of Blue Mound</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKLIN</u> b. (Middle) <u>ASHFORD</u> c. (Last) <u>BURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 7 55</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>Aug 12, 1891</u>	9. AGE (in years last birthday) <u>64</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Mound, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John S. Burner</u>	13b. MOTHER'S MAIDEN NAME <u>Laura I Haynes</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Susan Holmes</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>497-14-4202</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Burner; Blue Mound, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic stenosis and Auricular Fibrillation - Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerotic heart disease - unknown</u>		
DUE TO (c) <u>Congestive heart failure</u>				<u>8 months</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>H200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 March 1, 1955, to Dec 6, 1955, that I last saw the deceased alive on Dec 6, 1955, and that death occurred at 5:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William L. Fair, M.D.</u>	23b. ADDRESS <u>Chillicothe, MO</u>	23c. DATE SIGNED <u>Dec 8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Mound Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Mound (Liv Co.) MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 18/56</u>	REGISTRAR'S SIGNATURE <u>Frances B Neel</u> <u>171-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME: Chillicothe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Elton J. Norman*.....

Licensed Embalmer No.. 4036

P. O. Address Chillicothe

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.