

FILED DEC 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43131

State File No. (182) 192

Registrar's No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Sikeston		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		STREET ADDRESS (If rural, give location) 125 N. Fourth St.	
3. NAME OF DECEASED (Type or Print) Elidge Robert Burns		4. DATE OF DEATH (Month) (Day) (Year) 12 5 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-24-1868
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State or Foreign Country) Shawnetown, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter & Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Shawnetown, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Root		13b. MOTHER'S MAIDEN NAME Louisa SANE LOCKLIER	
14. NAME OF HUSBAND OR WIFE Maggie Burkett		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Honey, Sacramento, Calif.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arterio Sclerotic Cardiovascular Disease ANTECEDENT CAUSES Diabetes Disease DUE TO (b) DUE TO (c) Hypertension 44.3x 8.4x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arteriosclerosis	
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 Jan 1, 1955, to 12-5, 1955 , that I last saw the deceased alive on 12-5, 1955 , and that death occurred at 2:20 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Thomson C. McClure MD		23b. ADDRESS Sikeston, Missouri	
23c. DATE SIGNED 12/7/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-7-1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) SIKESTON MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo	
DATE REC'D BY LOCAL REG. 12-8-55		REGISTRAR'S SIGNATURE Martha Hunter	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

DATE RECEIVED **DEC 1**

SCOTT CO. HEALTH DEPT.

OO: FILE No. 1254-26

1956
8 AM
MAY

NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
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 *Silerston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.

Raymond Crews 12-9-56