

FILED JAN 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 3524

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARENCE		c. LENGTH OF STAY (in this place) 13 YRS	c. CITY OR TOWN CLARENCE 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 CLARENCE MO		e. STREET ADDRESS (If rural, give location) CLARENCE MO 1020	

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First) T.	b. (Middle) BURNS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 21 1896	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY GENERAL DUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) OSWEGO NEW YORK		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME WILLIAM BURNS	13b. MOTHER'S MAIDEN NAME CATHERINE BLAKE	14. NAME OF HUSBAND OR WIFE NETTIE BURNS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME GEORGE BURNS		ADDRESS CLARENCE MO

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lungs		INTERVAL BETWEEN ONSET AND DEATH 16 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of right hand 1 year		
	DUE TO (c) Secondary anemia 2 years		
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	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 **Sept 1, 1954**, to **Jan 20, 1956**, that I last saw the deceased alive on **Jan 20, 1956**, and that death occurred at **10:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Edgington D.O.	23b. ADDRESS Clarence mo	23c. DATE SIGNED 1-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-23-56	24c. NAME OF CEMETERY OR CREMATORY ST CHARLES CEMETERY	24d. LOCATION (City, town, or county) (State) BEVIER MO
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DATE REC'D BY LOCAL REG Jan-25-56	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Greening	ADDRESS Clarence mo
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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 *Charles V. Greene*

Licensed Embalmer No. *46*

P. O. Address *Claremont*

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.