

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15194

State File No.

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give town) Slater		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Slater		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 403 Broadway				e. STREET ADDRESS (If rural, give location) 403 Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) LORENA		b. (Middle) CHRISTINE		c. (Last) BURNS		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17, 1902		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Slater, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Herrmann			13b. MOTHER'S MAIDEN NAME Minnie Theiss		14. NAME OF HUSBAND OR WIFE Eddie Burns		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 491-22-2750		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eddie Burns, Slater, Missouri			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma urinary Bladder INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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) m.		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 <u>Dec.</u> , 19 <u>55</u> , to <u>May 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>56</u> , and that death occurred at <u>4:30 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Richard P. Wickles Sr. (Degree or title)				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 5-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		24d. LOCATION (City, town, or county) (State) Slater, Mo.		
DATE REC'D BY LOCAL REG. 5/12/56		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter J. Quine, Slater, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

APR 22 1956

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 *Walter J. Haines*

Licensed Embalmer No. *45*

P. O. Address *Atlantic*

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.