

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31164**

FILED SEP 19 1956

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>De Soto</b>		c. LENGTH OF STAY (in this place) <b>11 Yrs.</b>	c. CITY OR TOWN <b>DeSoto</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Flucom Rd.</b>		e. STREET ADDRESS (If rural, give location) <b>618 Flucom Rd.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <b>John</b>	b. (Middle) <b>N.M.N.</b>	c. (Last) <b>Burnside</b>	(Month) <b>Sept.</b>	(Day) <b>14,</b>
(Year) <b>1956</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 25, 1888</b>	9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Houston, Texas</b>	
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jacob Burnside</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Bridget Burnside</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-14-6709</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bridget Burnside</b>
		ADDRESS <b>DeSoto, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>influenza</b>		
	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) <b>481X</b>

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?:
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22. I hereby certify that I attended the deceased from Sept. 14, 1956, to Sept. 17, 1956, that I last saw the deceased alive on Sept. 14, 1956, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Chas. E. Owen, M.D.</b>	(Degree or title)	23b. ADDRESS <b>De Soto, Mo.</b>	23c. DATE SIGNED <b>9/16/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/17/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-16-56</b>	REGISTRAR'S SIGNATURE <b>Marie Forrius</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lee Mothershead</b>	ADDRESS <b>DeSoto, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

250  
1

1460

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 18 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 *Lee Matherphoe*.....

Licensed Embalmer No. *353*

P. O. Address *Desato*

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.