

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31051**

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **430**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU c. LENGTH OF STAY (in this place) 2 wks.		c. CITY OR TOWN CHAFFEE	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 543 So. College St.		e. STREET ADDRESS (If rural, give location) 425 GRAY AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) GENEVA	b. (Middle) HUGEN	c. (Last) BURNS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22 1957
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 19, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) WACO, TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES MORRIS	13b. MOTHER'S MAIDEN NAME FANNIE GILPIN	14. NAME OF HUSBAND OR WIFE JOHN S. BURNS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. HAROLD NANCE CHAFFEE, Mo.	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure DUE TO (c) Albuminuria		
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"/>
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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) 331X
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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 20, 1957** to **Sept 22, 1957** that I last saw the deceased alive on **Sept 20, 1957** and that death occurred at **9:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Wm. Hawauck	(Degree or title) M.D.	23b. ADDRESS Mo.	23c. DATE SIGNED Sept 23, 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 24 1957	24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY	24d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI
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DATE REC'D BY LOCAL REG. 9-24-57	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE BISPLINGHOFF FUNERAL HOME	ADDRESS CHAFFEE, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-1

1957 2 1 100

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 *Jack J. Lurnett*.....
Licensed Embalmer No. *447*.....

P. O. Address *Chaffee, W*.....

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.