

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005397
STATE FILE NUMBER
815
Registrar's No.

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Mo. 5088 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 5234 Munger Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Burns			4. DATE OF DEATH Month 2 Day 14 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15 1861
10a. USUAL OCCUPATION (Give kind of work done during any of working life, even if retired) Gen'l Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	13c. NAME OF HUSBAND OR WIFE UNK
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. No	17. INFORMANT Address Mrs R Debat Rhoades Gashland, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of left femur			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in home	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 2-12-58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Missouri
21. I attended the deceased from Feb. 12, 1958 to Feb. 14, 1958 and last saw him alive on Feb. 14, 1958 Death occurred at 11:04 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Burns M. D. (Degree or title)		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 2-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-17-58	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem	23d. LOCATION (City, town, or county) (State) Clay Co Mo
24. FUNERAL DIRECTOR D.W. Newcomer Son H K. C. Mo		25. DATE RECD. BY LOCAL REG. 2-15-58	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B I. BURNS



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 *Glenn H. Rice*

Licensed Embalmer No. *4586*
P. O. Address *K.C. 16.2*

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.