

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011230
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Flat River</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bonne Terre Hospital</i>			Length of stay in 1b		d. STREET ADDRESS <i>18 High</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Mr. Jacob Alexander Burns.</i>				4. DATE OF DEATH <i>March 31-1958</i>		Month Day Year		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Case.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 19-1872</i>	9. AGE (In years last birthday) <i>85-3-12</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>		11. BIRTHPLACE (City and state or country) <i>Leighboro. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Mr. William Perry Burns.</i>				14. MOTHER'S (MAIDEN) NAME <i>Miss Mary Elizabeth Alexander.</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Miss Mary Burns (daughter) 18 High St. Flat River Mo</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease</i> <i>Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <i>4200</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <i>Nov 2 58</i> , to <i>Mar 31-58</i> and last saw ^{him} alive on <i>Mar 31. 58</i> Death occurred at <i>6 15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>C. H. Applegate MD</i>				22b. ADDRESS <i>Reunion MO</i>		22c. DATE SIGNED <i>4-1-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>April 3-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>200 S. Doe Run, Mo</i>		23d. LOCATION (City, town, or county) (State) <i>Doe Run Mo.</i>			
24. FUNERAL DIRECTOR <i>Robert Wood</i>			ADDRESS <i>Flat River, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>April 1, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 11 1958

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 *Albert Hood*.....

Licensed Embalmer No....27
303 Crane St.
P. O. Address... Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.