

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017725  
Standard No.

FILED JUNE 5 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 86

0352  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. 6350</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keosauqua</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>	c. CITY OR TOWN <u>Warrensburg</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lambert Co Memorial Hospital Rt # 1</u>			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUKE.</u>		b. (Middle) <u>—</u>	c. (Last) <u>BURNES.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/21/1918</u>	9. AGE (In years last birthday) <u>40.</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Maximus Burnes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Hazel Burnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>430-16-6389</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hazel Burnes Warrensburg Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4201			
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)		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>5-21</u> , 1958, to <u>5-22</u> , 1958, that I last saw the deceased alive on <u>5-22</u> , 1958, and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul M. Mittenberger M.D.</u>			23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>5-30-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/25/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-31-58</u>		REGISTRAR'S SIGNATURE <u>Clayton H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Amerson &amp; Sons Warrensburg Mo.</u>	

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RECEIVED HUNTLIN COUNTY HEALTH  
DEPARTMENT 6-2-58  
COUNTY FILE NUMBER 658

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 *W. J. Eversden*  
.....

Licensed Embalmer No. 352

P. O. Address *Janshaw*

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.