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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036197
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fayette, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lee Hospital Length of stay in 1b 48 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Higbee Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 1450 R.R. 1 Burton Twp. Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First CHARLES Middle ERNEST Last BURNS
4. DATE OF DEATH Month Day Year Oct. 9, 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]
8. DATE OF BIRTH May 6, 1881
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (City and state or country) Polk City, Iowa /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elisha W. Burns
13b. MOTHER'S MAIDEN NAME Frances E. Anderson
14. NAME OF HUSBAND OR WIFE --------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. None
17. INFORMANT Address R. N. Bartee R.R. 1 Higbee, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 48 hr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of prostate
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] natural
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 May, 1958, to Oct 9, 1958 and last saw her/him alive on Oct 9, 1958
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm J. Shaw, Jr M.D. 0
22b. ADDRESS Lee Hospital, Fayette, Mo.
22c. DATE SIGNED 10-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/12/1958
23c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery
23d. LOCATION (City, town, or county) (State) Howard County, Missouri

24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo.
25. DATE RECD. BY LOCAL REG. 10-15-58
26. REGISTRAR'S SIGNATURE Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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, ~~only~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ralph A. Case

Licensed Embalmer No. 3340

P. O. Address Fayette, Me

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.