

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030465

FILED VS AUG 23 1960

4032

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4032

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>                         |  | Length of stay in 1b <b>5 days</b>   | c. CITY OR TOWN <b>Braymer</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Municipal Camp Swope Park</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>CRAIG</b> Last <b>BURNS</b> |  |  | 4. DATE OF DEATH<br>Month <b>8</b> Day <b>4</b> Year <b>60</b> |  |  |  |
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| 5. SEX <b>Ma</b> | 6. COLOR OR RACE <b>Wh</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>7-29-50</b> | 9. AGE (last birthday) <b>10</b> | IF UNDER 1 YEAR<br>Months <b>10</b> Days <b>4</b> Hours <b>60</b> Min. |  |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b> | 11. BIRTHPLACE (City and state or country) <b>Cameron, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
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|                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| 13a. FATHER'S NAME <b>L. D. Burns</b> | 13b. MOTHER'S MAIDEN NAME <b>Bessie Patton</b> | 14. NAME OF HUSBAND OR WIFE <b>XX</b> |
|---------------------------------------|--|---------------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>XX</b> | 16. SOCIAL SECURITY NO. <b>XX</b> | 17. INFORMANT <b>L. D. Burns, Braymer, Missouri</b> Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Endocarditis Mictus Imperialis</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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|---|---|--|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ | 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.) | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <b>7-31-60</b> to <b>8-2-60</b> and last saw her/him alive on <b>8-2-60</b><br>Death occurred at <b>10:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE (Degree or title) <b>Harry M. Gilkey MD</b> | 22b. ADDRESS <b>1624 Prof Bldg Kansas City Mo 9/60</b> | 22c. DATE SIGNED _____ |
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|---|-------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>8-7-60</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b> | 23d. LOCATION (City, town, or county) <b>Braymer, Mo.</b> |
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| 24. FUNERAL DIRECTOR <b>Wagner Funeral Home, K. C. Mo</b> ADDRESS | 25. DATE RECD. BY LOCAL REG. <b>8-6-60</b> | 26. REGISTRAR'S SIGNATURE <b>H-L. Dwyer, M.D.</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harry M. Gilkey

2-1-52  
12521

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Hansen

Licensed Embalmer No. 4157

P. O. Address R. C. 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.