SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2781 -61-021197
STATE FILE NUMBER

AMENDED

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

FILED JUN 2 1 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 5 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conv. Home 2836 Benton Blvd.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2065 N. 6th St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Marshall Middle Last Burns
4. DATE OF DEATH Month 6 Day 5 Year 61
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-23-1896
9. AGE (last birthday) 65
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Country Club
11. BIRTHPLACE (City and state or country) Pine Bluff Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Burns
13b. MOTHER'S MAIDEN NAME Amanda Robinson
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT Address Warren Burns 405 Troup K.C.K.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 Mar. 31, 1958 to June 5, 1961 and last saw her/him alive on May 13, 1961
Death occurred at 9:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bruce P. McDonald (Degree or title) MD
22b. ADDRESS 2604 Prospect Avenue
22c. DATE SIGNED 6/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-8-61
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) Ft. Leavenworth (State) Kans

24. FUNERAL DIRECTOR Nathan W. Thatcher ADDRESS K.C.K.
25. DATE RECD. BY LOCAL REG. 6-5-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Bruce P. Mc Donald MEDICAL CERTIFICATION

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED DOCUMENT

JUN 30 1961

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 Clifford L Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.