

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024468  
STATE FILE NUMBER

318

1003

5900

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

5900

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY **FILED JUL 2 1962**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Indiana** b. COUNTY **Pike**

c. CITY OR TOWN **Petersburg** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **312 South 7th Street.,** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last

**RAY L. BURNS**

4. DATE OF DEATH Month Day Year  
**JUNE 12 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **1/29/1894** 9. AGE (last birthday) **68** 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) **Banker**

11. BIRTHPLACE (City and state or country) **Brazil, Indiana.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

10b. KIND OF BUSINESS OR INDUSTRY **Banking**

13a. FATHER'S NAME **James L. Burns**

14. NAME OF HUSBAND OR WIFE **Lelia Burns**

13b. MOTHER'S MAIDEN NAME **Cordellia Jenkins**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes W.W. I**

17. INFORMANT Address **Lelia Burns, Petersburg, Indiana.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **ACUTE MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **8 DAYS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** **UNDETERMINED**

DUE TO (c) **4200**

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 **JUNE 5, 1962** to **JUNE 12, 1962** and last saw her/him alive on **JUNE 12, 1962**  
Death occurred at **1:45 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. D. Vermillion, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **6/12/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/16/62** 23c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cemetery** 23d. LOCATION (City, town, or county) **Green Castle, Indiana** (State)

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.,** ADDRESS **JUN 13 1962** 25. DATE RECD. BY LOCAL REG. **Roan Smith, M.D.** 26. REGISTRAR'S SIGNATURE

**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 Harvey Kahle  
Licensed Embalmer No. 4596

P. O. Address ~~\_\_\_\_\_~~  
St. Louis, Mo.

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.