

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 224Primary Registration District No. 4137Registrar's No. 6

## 1. PLACE OF DEATH:

- (a) County Copper  
 (b) City or town Prairie Home  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Salburn Burnett 653

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife minnie Burnett 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased 10 29 1863  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
76 + 6 16 hr. min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Thomas Burnett13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name newell15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. J. E. Staley(b) Address Coonwell mb17. (a) Burial (b) Date thereof 5-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation walnut Grove Cem.18. (a) Signature of funeral director Albert Hornbeck(b) Address Prairie Home mo19. (a) 6-10-40 (b) A. L. Meredith  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Copper(c) City or town Prairie Home  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1940 hour 16 minute 30 A. M.21. I hereby certify that I attended the deceased from Jan 1  
1939 to May 15, 1940  
that I last saw him alive on May 14, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Heart Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature A. L. Meredith (M. D. or other) \_\_\_\_\_Address Prairie Home Mo. Date signed 5/15/40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6-18-40

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.....  
C. Albert Hornbeck....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. Albert Hornbeck  
Licensed Embalmer No. 2714  
P. O. Address Prairie Home 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 this body is not embalmed, above space should be left blank.