

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15276
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 713
(b) Township Carlin Primary Registration District No. _____ Registered No. 48
(c) City _____ (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILBUR BURNES
(a) Residence, No. Rural St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hurgetta Burnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1884
7. AGE YEARS 58 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Resort operator
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dugesson, Mo.

FATHER 13. NAME Joseph Burnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME Elizabeth (D.K.)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT Hurgetta Burnes (ADDRESS) Rt. 1 Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Chapel DATE 5/14 1942

19. FUNERAL DIRECTOR (NAME) W. H. L. L. L. (ADDRESS) 6673 Clay St. St. Louis

20. FILED 5-20 1942 W. H. L. L. L. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
94A
Date of onset 5-11-42
Other contributory causes of importance: Auto accident in 1932 with spinal injury

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. M. Mallette M.D.
(Address) Brookfield, Mo.

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

10M-1-12-38

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1170

Adm. Reg.

4-19-42

RECEIVED
Pulaski County Health Officer

File Number 5-42-138

Date Filed 5-22-42

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Robert J. [Signature]

Licensed Embalmer No. 1994

P. O. Address _____

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.