

No. 300  
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FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25929

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET-ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Albert</u> c. (Last) <u>Burnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-22-1896</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>19</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	11. BIRTHPLACE (State or foreign country) <u>Wright County, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anna Brunton</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Burnett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>500-12-9978</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Burnett</u> ADDRESS <u>Springfield Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted Gun Shot Wound in Left Breast</u> ANTECEDENT CAUSES <u>Left Breast</u> DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Norwood Wright Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>7-11-1949</u> <u>8:30</u> pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas A.ouldin</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Norwood, Missouri</u>	23c. DATE SIGNED <u>7-11-1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norwood, Wright Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-21-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. B. Warsham</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas A.ouldin</u> ADDRESS <u>Norwood, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

Justice File Number 749-827

Date Recd 7-22-49

AUG 3 1949

JUL 28 1949

AUG 9 19

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, JKE

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas J. Houldin

Licensed Embalmer No. 4317

P. O. Address Norwood, 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, fact should be so stated above.