

No. 300
10.48

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27793

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) 611 Monroe	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) NEWTON c. (Last) BURNLEY			4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb-22- 1858	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 WKS. Hours Min. 91 5 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Ripley County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Burnley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alice London Burnley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Brazel Leadington, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriatic de compensation		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease - DUE TO (c) Nephritis		unknown 142X unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1946, to Aug 13, 1949, that I last saw the deceased alive on Aug 13, 1947, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Foster M.D.	23b. ADDRESS Desloge, Missouri	23c. DATE SIGNED 8-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-15-1949	24c. NAME OF CEMETERY OR CREMATORY Barbie Cemetery	24d. LOCATION (City, town, or county) (State) Madison County, Mo
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DATE REC'D BY LOCAL REG. Aug. 18, 1949	REGISTRAR'S SIGNATURE Ethel R. Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS Flat River, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 849-8-2

Health Officer No. 4

849-11

D. ...

OCT 3 1946

AUG 2 3 1946

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed *Creed Sparks*

Signed _____ Student Embalmer

Licensed Embalmer No. 4287

P. O. Address Flat River 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.