

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33338**
Registrar's No. **70**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1. PLACE OF DEATH a. COUNTY Clinston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.		d. STREET ADDRESS (If rural, give location) 210 1/2 East 3rd	
3. NAME OF DECEASED a. (First) James b. (Middle) Elmore c. (Last) Burkett			4. DATE OF DEATH (Month) (Day) (Year) 10-9-49
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 14, 1869
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 11 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Goldwell County Mo	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John P. Burkett		13b. MOTHER'S MAIDEN NAME Hannah M. McCrez	14. NAME OF HUSBAND OR WIFE Lillie Burkett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie Burkett Cameron	
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis - type undetermined INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-19, 1949 , to 10-9, 1949 , that I last saw the deceased alive on 10-8, 1949 , and that death occurred at 4:14m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. James M.D.		23b. ADDRESS Cameron Mo	23c. DATE SIGNED 10-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-11-49	24c. NAME OF CEMETERY OR CREMATORY Graceland	24d. LOCATION (City, town, or county) (State) Cameron Mo
DATE REC'D BY LOCAL REG. 10-11-49	REGISTRAR'S SIGNATURE Winifred W. Moser	390	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home Cameron

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



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 _____

Robert F. Palard Student Embalmer No. 318
working under my personal supervision.

Signed Robert F. Palard
Student Embalmer

Signed George R. [unclear]
Licensed Embalmer No. 4725
P. O. Address 226 West 4th
Cameron, 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.