No. 300
10.48

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40633

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4145 Registrar's No. 21

27 0 14

1. PLACE OF DEATH
a. COUNTY: COOPER
b. ~~CITY OR~~ TOWN (If outside corporate limits, write RURAL and give township): PRAIRIE HOME MO
c. LENGTH OF STAY (In this place): 80 yr
d. ~~FULL NAME OF HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): PRAIRIE HOME MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COOPER
c. ~~CITY OR~~ TOWN (If outside corporate limits, write RURAL and give township): PRAIRIE HOME MO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MINETUA b. (Middle) FOREST c. (Last) BURNETT

4. DATE OF DEATH (Month) (Day) (Year): DEC. 6 - 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: May 27 - 1868

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: KEMPER STEPHENS

13b. MOTHER'S MAIDEN NAME: SALLIE MONROE

14. NAME OF HUSBAND OR ~~WIFE~~: LILBURN BURNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Sally Vardiner

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 599X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 49, *to* 12/6, 19 49, *that I last saw the deceased alive on* Dec 1, 19 49, *and that death occurred at* 2 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R L Dieckmann M D

23b. ADDRESS: Bonnots Mill Mo

23c. DATE SIGNED: 12/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 12-8-1949

24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE CEMETERY

24d. LOCATION (City, town, or county) (State): NEAR PRAIRIE HOME Mo.

DATE REC'D BY LOCAL REG.: 12/10/49

REGISTRAR'S SIGNATURE: U. T. Meredith 72 0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. ALBERT HORNBECK — PRAIRIE HO MO

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

12-13-49

RECEIVED DEC 13
District Health Officer No. 8,

District File Number.....
Date Filed 12-21-49

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

Student .....
Student Embalmer

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, fact should be so stated above.