

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 729

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. 2000 Registrar's No. 80-A

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural S. Campbell Twsp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Bapt. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield R.F.D. # 8</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ARTHUR</b> c. (Last) <b>BURNEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>8 April 1887</b>
9. AGE (In years last birthday) <b>62</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		11. BIRTHPLACE (State or foreign country) <b>Dade County, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Soloman Burney</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Campbell</b>	
14. NAME OF HUSBAND OR WIFE <b>Frankie Burney</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	
16. SOCIAL SECURITY NO. <b>489-26-1702</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Leslie Ramsey, Oro Grande, Calif.</b>	
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) <b>probably coronary thrombosis</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>UNATTENDED BY A PHYSICIAN</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, to _____, that I last saw the deceased alive on _____, and that death occurred at <b>3:30 P. M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>W. E. Handley M.D.</b> Local Registrar of <b>Vital Statistics</b>		23b. ADDRESS <b>City Hall Springfield Mo</b>	
23c. DATE SIGNED <b>Jan. 30, 1950</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>30 Jan 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sinking Creek</b>	
24d. LOCATION (City, town, or county) (State) <b>Dade County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Frank C. Therman, Springfield, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-30-50</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1950

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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

*Ralph H. Thiem*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.