

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1978

State File No. _____

0804

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1505 So. Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
				d. STREET ADDRESS (If rural, give location) <u>1505 So. Missouri</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Elmer</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Burnett</u>	(Month) <u>Jan.</u>	(Day) <u>26</u>	(Year) <u>1950</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>July 20 - 1883</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR <u>5</u> Days	IF UNDER 2 WKS. <u>6</u> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired car man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>M. M. & T. R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper, Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Ruben Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Steele</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-10-0833</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Burnett</u> ADDRESS. <u>Sedalia</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis & Uremia</u>					<u>few days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Asthma & Nephritis</u>					DUE TO (c) <u>Cardio Pulm Complications</u>	
	II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
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 <u>Jan 13, 1950</u> to <u>Jan 26, 1950</u> , that I last saw the deceased alive on <u>Jan 25, 1950</u> and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. J. Campbell M.D.</u>			23b. ADDRESS <u>Sedalia Mo</u>			23c. DATE SIGNED <u>1-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smithton cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-28-50</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia Mo</u>	

RECEIVED JAN 30
District Health Officer No. 8,
District File Number.....
Date Filed 1-31-50

FEB 3 1950

FEB 18 1950

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 J.P.M. Crary
Licensed Embalmer No. 3152
P. O. Address Sedalia 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.