

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9122

State File No.

0486

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buckner Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium & Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mora</u> b. (Middle) <u>E</u> c. (Last) <u>Burnley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 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>June 23 1884</u>
9. AGE (In years last birthday) <u>65</u> Months <u>8</u> Days <u>29</u>		IF UNDER 14 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm - Grain & Live</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>stock</u>	11. BIRTHPLACE (State or foreign country) <u>Lafayette County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J.G. Burnley</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Strodtmann</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Harra Burnley</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Burnley Buckner Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis with thromboses and occlusion and myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO: (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
22. I hereby certify that I attended the deceased from <u>March 15, 1950</u> , <u>March 21, 1950</u> , that I last saw the deceased alive on <u>March 20, 1950</u> , and that death occurred at <u>3 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Graboske, M.D.</u>		23b. ADDRESS <u>Independence Mo.</u>	23c. DATE SIGNED <u>March 21/50</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 23 '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.M. Robert Buckner Mo.</u>	
DATE REC'D BY LOCAL REG <u>Mar 22-1950</u>		REGISTRAR'S SIGNATURE <u>Alvin A. Klatzo</u>	

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

MAR 28 RECD

APR 5 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 _____

~~Working under my personal supervision.~~

~~Student Embalmer~~

~~Student Embalmer~~

Signed

V. M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner 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.