

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25791

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6145 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Salt River</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Salt River</i>	
c. LENGTH OF STAY (in this place) <i>2 years</i>		10. DATE OF BIRTH <i>Jan. 23, 1942</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		11. BIRTHPLACE (State or foreign country) <i>San Francisco California</i>	
		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>GERALD</i> b. (Middle) <i>LEE</i> c. (Last) <i>BURNETT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 28 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	9. AGE (in years last birthday) <i>8</i> IF UNDER 1 YEAR Months <i>5</i> Days <i>5</i> IF UNDER 1 HR. Hours <i>5</i> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>San Francisco California</i>	
13a. FATHER'S NAME <i>Ira Burnett</i>		13b. MOTHER'S MAIDEN NAME <i>Chessie Elizabeth Piffin</i>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Ira Burnett</i> ADDRESS <i>Shelbyville Mo</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I, <i>Dr. The Guy Zind the Death of</i> INTERVAL BETWEEN ONSET AND DEATH <i>9:21 AM</i> <i>12:47</i> <i>11</i>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Gerald Lee Burnett was</i> DUE TO (c) <i>Killed by a bullet from a Person or</i>		II. OTHER SIGNIFICANT CONDITIONS <i>Persons Unknown</i>	

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) (Min.) _____		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 *June 28, 1950*, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *10:30 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Corwin Missigroves</i> (Degree or title) _____		23b. ADDRESS <i>Bethel, Mo.</i>		23c. DATE SIGNED <i>July 6-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>June 29, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>S.O.C.R. Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Shelby Mo.</i>		DATE REC'D BY LOCAL REG. <i>July 7-1950</i>		REGISTRAR'S SIGNATURE <i>A. Larrison</i> 419	
25. FUNERAL DIRECTOR'S SIGNATURE <i>E.P. Thompson</i>		ADDRESS <i>Shelbyville Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED JUL 1 1 1950
District Health Officer No. . . .
District File Number 7-50-1140
Date Filed JUL 14 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.....

Myself

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.