

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 32 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 1110 E. 75 Terr.

3. NAME OF DECEASED (Type or Print)
a. (First) Albert b. (Middle) Wesley c. (Last) Burnett
4. DATE OF DEATH (Month) (Day) (Year) 12 27 50

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH 10-23-1908 9. AGE (In years last birthday) 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewer cleaning 10b. KIND OF BUSINESS OR INDUSTRY Self 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J. Leonard Burnett 13b. MOTHER'S MAIDEN NAME Ethel Sinnett 14. NAME OF HUSBAND OR WIFE Dorothy Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Hill ADDRESS 1110 E 75 Terr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) (Minute) _____ 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 Dec. 24, 1950, to Dec. 27, 1950, that I last saw the deceased alive on Dec. 27, 1950, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 12-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12/28/50 24c. NAME OF CEMETERY OR CREMATORY Slater 24d. LOCATION (City, town, or county) (State) Slater Mo.

DATE REC'D BY LOCAL REG. 12-28-50 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil ADDRESS KC. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 No.....

Signed.....

John D. Sheil

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K. C. 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.