

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11427

State File No. \_\_\_\_\_

BIRTH NO. 51095-50 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY OR TOWN <u>LANAGAN</u>		c. CITY OR TOWN <u>Lanagan</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED a. (First) <u>RANDY</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>BURWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>	8. DATE OF BIRTH <u>9-4-1950</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>NEOSHO-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>F.L. BURWELL</u>		13b. MOTHER'S MAIDEN NAME <u>ETHEL CAYWOOD</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Burwell</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sp. Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/1X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEICIDE (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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Humphrey</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Carroll, Missouri</u>	23c. DATE SIGNED <u>12-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LANAGAN</u>
DATE REC'D BY LOCAL REG. <u>12-13-50</u>	REGISTRAR'S SIGNATURE <u>Maxwell Humphrey</u>	24d. LOCATION (City, town, or county) (State) <u>LANAGAN-MO.</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. M. Humphrey, Carroll, Mo.</u>		

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 5 1951

Dist. File 151-54

Date Filed 1-6-51

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

*H. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.