

No. 300  
10. 48

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27592

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4309</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Southwest City</u>		c. LENGTH OF STAY (in this place) <u>5 mo</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>McLinton</u>		OR TOWN <u>0550</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>546 E. Center</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie</u>			b. (Middle) <u>Franklin</u>		c. (Last) <u>Burney</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	
8. DATE OF BIRTH <u>Oct-14-1894</u>		9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Commission</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John A. Burney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sifferman</u>		14. NAME OF HUSBAND OR WIFE <u>Ada M. Burney</u>	
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 ADDRESS <u>Lucille Burney Glascock Nichols, 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>Carcinomatosis</u> ANTECEDENT CAUSES <u>Intra-abdominal Carcinoma</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				21g. DATE SIGNED <u>8-21-51</u>	
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>51</u> , to <u>8-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>51</u> , and that death occurred at <u>3-45 pm.</u> , from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>H. Blankenship M.D.</u>		23b. ADDRESS <u>Anderson</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-21-51</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		423		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May L. Fossett McLinton, Mo.</u>	

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

RECEIVED SEP 6 1951

Dist. File 927-1587

Date Filed 9-6-51

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 Mal L. Fournell

Licensed Embalmer No. 4252

P. O. Address Malvern, 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.