

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30589

State File No. ....

DECEASED OCT 8 1951

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 185

493

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 510 E. Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle		b. (Middle) Burnett		c. (Last) CARR		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 10, 1887		9. AGE (In years less birthday) 63		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher			10b. KIND OF BUSINESS OR INDUSTRY Cafe's			11. BIRTHPLACE (State or foreign country) Jasper County, Mo. D			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME J. E. Burnett		13b. MOTHER'S MAIDEN NAME Rebeca Jane Seela		14. NAME OF HUSBAND OR WIFE Harry Carr	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, so, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Alfred Burnett 827 Olive Carthage, Mo		ADDRESS	
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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) Skull fracture due to Traumatic injury Sustained in Auto-Mobile Collision 1 hour				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple operations of the fracture of humerus & R Tibia 1 hour					
		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 6 9164 26				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)		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 9-23, 1951, to 9-23, 1951, that I last saw the deceased alive on 9-23, 1951, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 9/24/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/27/51		24c. NAME OF CEMETERY OR CREMATORY Hackney Lane		24d. LOCATION (City, town, or county) (State) N.E. Carthage, Mo.	
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DATE REC'D BY LOCAL REG. 9-26-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS	
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RECEIVED 10-5-51  
Jasper County Health Office

County File Number 51/10/774  
Date Filed 10-5-51

10-5-51

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

.....  
working under my personal supervision.

Student Embalmer No. ....  
*Gene C. Pugh*  
Gene. C. Pugh.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.