

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 36521

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY Butler, Co., Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Neely township	
c. LENGTH OF STAY (In this place) 45 &rs		d. STREET ADDRESS (If rural, give location) Butler Co.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Henry	c. (Last) Burnett	4. DATE OF DEATH (Month) (Day) (Year) Nov 26 51
---	--------------------------	--------------------------	---

5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Jan, 1, 1872	9. AGE (In years last birthday) 79	# UNDER 1 YEAR Months	# UNDER 2 WKS. Days	# UNDER 24 HRS. Hours	# UNDER 1 MIN. Min.
-----------------	---------------------------------	--	---	---	--------------------------	------------------------	--------------------------	------------------------

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

13a. FATHER'S NAME Isaac Burnett	13b. MOTHER'S MAIDEN NAME Unkown	14. NAME OF HUSBAND OR WIFE Leucia Davis
--	--	--

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.	17. INFORMANT'S SIGNATURE OR NAME Oliver Burnett	ADDRESS Neelyville, Mo
---	-------------------------	--	----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	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 4222	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6** a m., from the causes and on the date stated above.

23a. SIGNATURE Novel Wheeler	(Degree or title)	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 12/1-51
--	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 29 51	24c. NAME OF CEMETERY OR CREMATORY Neelyville Cemetery	24d. LOCATION (City, town, or county) (State) Butler Co., Mo
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG Dec 3 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Gish	ADDRESS Funeral Home, Naylor, Mo.
--	--	-----	---	---

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

RECEIVED

DEC 11 1951

BUTLER CO. HEALTH CENTER

FILE No. 1251-538

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.....

Susan McCarl

Signed.....

Student Embalmer

Licensed Embalmer No. 4079

P. O. Address.....

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.