

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38193

State File No. _____
Registrar's No. 29

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles south of Stover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mamie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Burnett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White..</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1900</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR (Months) <u>8</u>	IF UNDER 12 HRS. (Hours) <u>21</u>	IF UNDER 15 MIN. (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Thomas Branch</u>	13b. MOTHER'S MAIDEN NAME <u>Janie Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Maxie Ed Burnett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maxie Ed Burnett</u>	ADDRESS <u>Stover Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>several days</u> <u>15 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia</u> DUE TO (c) <u>Carcinoma of stomach</u>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug-13, 1951, to Nov. 19, 1951, that I last saw the deceased alive on Nov-19, 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas P. Weaco</u> (Degree or title) <u>P.O.</u>	23b. ADDRESS <u>Stover, Mo.</u>	23c. DATE SIGNED <u>11/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chaney Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Morgan County MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 27th 1951</u>	REGISTRAR'S SIGNATURE <u>Tom L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Stover</u>	ADDRESS <u>Stover Mo</u>
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(License Embalmer's Statement on Reverse Side)

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

716
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RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 3 1951 _____

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 _____

James R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student

James R. Scrivner
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address

Stover, 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.