

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12

REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - N.W. Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>	
		d. STREET ADDRESS (If rural, give location) <u>N.W. CAMERON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>BURNETT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7-1952</u>	
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>Oct. 10 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>77</u>
13a. FATHER'S NAME <u>FRANKLIN HURT</u>		13b. MOTHER'S MAIDEN NAME <u>Delphia J. BYERS</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
17. INFORMANT'S SIGNATURE OR NAME <u>CHARLIE BURNETT</u>		14. NAME OF HUSBAND OR WIFE <u>JIM. BURNETT</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic Myocarditis and myocardial degeneration</u>		17. ADDRESS <u>CAMERON, MO</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocarditis and myocardial degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs?</u>	
ANTECEDENT CAUSES (b) <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
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 <u>4222</u>		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 <u>Feb 5, 1952</u> to <u>Feb 7, 1952</u> that I last saw the deceased alive on <u>Feb 7, 1952</u> and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A.H. Templeman, D.O.</u>		23b. ADDRESS <u>Cameron, Mo</u>	23c. DATE SIGNED <u>2-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>KINGSTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KIDGSTON, MO.</u>
DATE REC'D BY LOCAL REG. <u>2-9-52</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMOSS CRUNK CAMERON, MO</u>	

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

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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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.