

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7334

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY BOONE	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX Chorlton Arms		d. STREET ADDRESS (If rural, give location) YMCA-Chorlton Arms	

3. NAME OF DECEASED (Type or Print)	a. (First) MARCUS	b. (Middle) D	c. (Last) BURNETT	4. DATE OF DEATH: (Month) (Day) (Year) APR. 10-1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT 17 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill opr.	10b. KIND OF BUSINESS OR INDUSTRY Saw Mill	11. BIRTHPLACE (State or foreign country) Boone CO. Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME ALLEN BURNETT	13b. MOTHER'S MAIDEN NAME SALLIE FORBIS	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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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) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JERRY BURNETT - 508 Rogers - Col.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac infarction -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion. 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 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **Autopsy, Pathologist -**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Johnson, M.D.	23b. ADDRESS Columbia Mo	23c. DATE SIGNED Apr 11 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE April 12-52	24c. NAME OF CEMETERY OR CREMATORY NEW LIBERTY	24d. LOCATION (City, town, or county) (State) ASHLAND MO.
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DATE REC'D BY LOCAL REG. April 11, 1952	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Willett Columbia
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. ~~_____~~