

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**MAY 5 - 1952**

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		11582	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarny Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>618 No. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u>		b. (Middle) <u>Burnetta</u>		c. (Last) <u>Clister</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 22 1952</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 13 1882</u>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>69 1 9</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ready to wear</u>		11. BIRTHPLACE (State or foreign country) <u>Linn county</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Saml. Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Ware</u>		14. NAME OF HUSBAND OR WIFE <u>Deane S. Clister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>4201</u>			
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) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>50 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>Jan 22 1952</u> , to <u>April 22 1952</u> , that I last saw the deceased alive <u>April 22 1952</u> , and that death occurred at <u>9:24 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy R. Haley M.D.</u> (Describe title)				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>4-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 25 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/28/52</u>		REGISTRAR'S SIGNATURE <u>W. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Homer ... Brookfield Mo</u>			

MAY 12 1953

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.....

*Homer Borden*

Signed.....

Student Embalmer

Licensed Embalmer No. *3295*

P. O. Address *Brookfield 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.