

No. 300  
v. 10.48  
FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15747**  
Registrar's No. **190**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY OR TOWN <b>Fulton, Mo</b>		c. CITY OR TOWN <b>Vandalia 0041</b>	
c. LENGTH OF STAY (in this place) <b>3 mos 5 days</b>		d. STREET ADDRESS (If rural, give location) <b>R # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>-</b> c. (Last) <b>BURNETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>27 Jan 1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>4</b> IF UNDER 1 YEAR Days <b>4</b> IF UNDER 24 HRS. Hours <b>4</b> Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Will Burnett</b>	13b. MOTHER'S MAIDEN NAME <b>unk</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>unk</b>	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>State Hospital Records</b> ADDRESS <b>Fulton, Mo</b>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Psychosis</b> 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) _____ DUE TO (c) <b>304X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio Sclerotic Heart Disease</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **26 Feb**, 19**52**, to **1 June**, 19**52**, that I last saw the deceased alive on **1 June**, 19**52**, and that death occurred at **2:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Caldwell Jr. M.D.</b> (Degree or title)	23b. ADDRESS <b>Fulton, Mo</b>	23c. DATE SIGNED <b>1 June 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 3-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Vandalia, Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 1-1952</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Waters Funeral Home, Vandalia, Mo</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 Wm B. Waters

Licensed Embalmer No. 4292

P. O. Address Vandalia, 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.