

No. 3011 NOV 6 1952

10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35553

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City, Mo.</u>		9550	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 West Madison</u>				d. STREET ADDRESS (If rural, give location) <u>Washington Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CORA</u>		b. (Middle) <u>LUWA</u>		c. (Last) <u>BURNETT</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>25-</u>		(Year) <u>52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 10-1872</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u>		IF UNDER 24 HRS. Days <u>5</u>		Hours <u></u> Min. <u></u>	
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>-</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Mayhew</u>		13b. MOTHER'S MAIDEN NAME <u>Norma Boucher</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Burnett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.G. Burnett Pierce City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) _____		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 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>Oct 23, 1952</u> , to <u>Oct 25, 1952</u> , that I last saw the deceased alive on <u>Oct 23, 1952</u> , and that death occurred at <u>3P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.P. Heron, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Aurora Mo.</u>		23c. DATE SIGNED <u>Oct 25 52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>6 miles N.E. Pierce City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 30, 1952</u>		REGISTRAR'S SIGNATURE <u>Orsa McGrath</u>		157		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilks Bros. Pierce City Mo.</u>	

(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

Edwin P Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P Wilks

Signed.....

Student Embalmer

Licensed Embalmer No.

4131

P. O. Address

Surce City W

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.