No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D-4 N Daley 39357
State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 520 N Livingston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Brookfield 0582
d. STREET ADDRESS (If rural give location): 520 N Livingston

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) EDGAR c. (Last) BURNETT

4. DATE OF DEATH (Month) (Day) (Year): Nov - 12 - 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Apr 22 - 1869
9. AGE (In years last birthday): 83 — If under 1 year: Months 6 Days 20 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Linn Co Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Benj F Burnett
13b. MOTHER'S MAIDEN NAME: Louisa Cusmus
14. NAME OF HUSBAND OR WIFE: Bessie Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lee Burnett Bucklin
ADDRESS: Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Arteriosclerosis — 13 yrs
DUE TO (c) Mitral Regurgitation — 3 yrs

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: 410X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* _____, 1952, *that I last saw the deceased alive on* Nov 12, 1952, *and that death occurred at* 11 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy R. Haley (Degree or title) MD
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 11/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov - 15 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 11-15-52
REGISTRAR'S SIGNATURE: Nadine Stambach, Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: J. A. Blackstock
ADDRESS: Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. Gr. Blackstock

Licensed Embalmer No. 2346

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.