

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25555

State File No.

FILED AUG 13 1953

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 570

0561

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, Mo</u>		c. LENGTH OF STAY (in this place) <u>7 da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>		0610
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>W. Livingston</u>		
3. NAME OF DECEASED (Type or Print) <u>John Burnett</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>7 29 53</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 20, 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jessie Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebia Windle</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Burnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-07-6356</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Viola Burnett Bevier, Mo</u> ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LYMPHOCTIC LEUKEMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 YEARS</u>
	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				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>JULY 20, 1953</u> , to <u>JULY 29, 1953</u> , that I last saw the deceased alive on <u>JULY 29, 1953</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Faust Berry MD.</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>7/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/1/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/30/53</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owen</u>	401-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>John McLaughlin</u> ADDRESS <u>Marceline, Mo</u>		

VS OCT 4 1960

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 X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed

George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marion, 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.