

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14881**

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Columbia	c. LENGTH OF STAY (in this place) 4 1/2 mos	c. CITY OR TOWN Ashland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		e. STREET ADDRESS (If rural, give location) Ashland Mo. 018th 1	

3. NAME OF DECEASED (Type or Print) G O R A	a. (First)	b. (Middle)	c. (Last) Burnett	4. DATE OF DEATH (Month) (Day) (Year) June 6 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 13 1876	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months 2 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Christian	13b. MOTHER'S MAIDEN NAME Sarah Christian	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Malcolm Burnett, Emb. Co. Columbia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung, left		
	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. 103X		

19a. DATE OF OPERATION 4 March 54	19b. MAJOR FINDINGS OF OPERATION Pleural fluid positive for cancer cells	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., 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) (Min.)	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 **12 Feb**, 1954, to **6 June**, 1954, that I last saw the deceased alive on **6 June**, 1954, and that death occurred at **10:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm H. Jewett, M.D.	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 6 June 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8 1954	24c. NAME OF CEMETERY OR CREMATORY New Salem Cem.	24d. LOCATION (City, town, or county) (State) Ashland Mo.
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DATE REC'D BY LOCAL REG. June 10 1954	REGISTRAR'S SIGNATURE Mrs. B. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. C. Burnett Ashland Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 22 1950

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.....
Signature of Student Embalmer

Signed *Wm L. Burnett*

Licensed Embalmer No. *35*

P. O. Address *Ashland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.