

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15779

State File No. _____

BIRTH NO. 23781-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2161

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>16 DAYS</u>	c. CITY OR TOWN <u>BROOKFIELD</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>914 HANSEN</u> D587	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANETTE</u> b. (Middle) <u>LEA</u> c. (Last) <u>BURNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APR. 22, 1954</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BROOKFIELD, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>RICHARD BURNETT</u>	
13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LEE HUSTON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VIRGINIA BURNETT</u>		ADDRESS <u>BROOKFIELD, MO.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Meningitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</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. <u>Atresia of Stomach</u> Present before birth	
19a. DATE OF OPERATION <u>Apr 27 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Atresia of Stomach</u>	
20. AUTOPSY? YES <input checked="" 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)	
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>Apr 27</u> , 1954, to <u>May 12</u> , 1954, that I last saw the deceased alive on <u>May 12</u> , 1954, and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John A. Griffith Jr MD</u>		23b. ADDRESS <u>4511 Plymouth Court</u>	
23c. DATE SIGNED <u>May 12 54</u>		23d. SIGNATURE AND ADDRESS OF REGISTRAR <u>Seraldine Smith</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 12 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-13-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>A. H. Newcomer's Sons Kansas City, Mo.</u>	

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ronald A. Sawyer*

Licensed Embalmer No. *44*

P. O. Address *KE-10*

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.