

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18187

State File No.

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage Co					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Osage				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lydon					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake of the Ozarks				d. STREET ADDRESS (If rural, give location) Ken Oak					
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Walter Eugene Burnett				4. DATE OF DEATH (Month) (Day) (Year) June 11 54					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH (1) (2) 1939			
9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		11. BIRTHPLACE (City and State or Foreign Country) Osage Co Kan.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Albert Burnett				13b. MOTHER'S MAIDEN NAME Folley Ball		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Address Albert Burnett as above			
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) Suffered from ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidental Drowning DUE TO (c) Over turned boat. II. OTHER SIGNIFICANT CONDITIONS Unabled to swim - 15'50" X 38 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Minutes	
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) accident				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place) Lake of the Ozarks		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Osage Camden MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 11 54 5:15 PM				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Motor boat overturned			
22. I hereby certify that I attended the deceased from June 11, 1954, to June 11, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 5:15 PM, from the causes and on the date stated above.									
23a. SIGNATURE (Signature or title) Abbie Banker - Volney Brown				23b. ADDRESS (Address) Camden MO		23c. DATE SIGNED June 12 - 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 12 54		24c. NAME OF CEMETERY OR CREMATORY Lydon		24d. LOCATION (City, town, or county) (State) Lydon Kan.			
DATE REC'D BY LOCAL REG. June 12 1954		REGISTRAR'S SIGNATURE (Signature) 42-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schaffer & Sons Lydon Kan					

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1958

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 _____

Philip Woolery

Licensed Embalmer No. _____

24 88

P. O. Address _____

Camden, N.J.

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.