

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21930**

BIRTH NO. _____		REG. DIST. NO. <b>379</b>		PRIMARY REG. DIST. NO. <b>4523</b>		Registrar's No. <b>73</b>	
1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MO</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mansfield</b>		c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MANSFIELD</b>		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mansfield Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>MO</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MENERUA</b> b. (Middle) <b>J</b> c. (Last) <b>BURELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-17-1954</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>	8. DATE OF BIRTH <b>Oct. 18, 1859</b>	9. AGE (In years, Months, Days) <b>94</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILL</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JOHN COOPER</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET FLINNO</b>		14. NAME OF HUSBAND OR WIFE <b>MANSFIELD</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Dr. W. A. ZIMMERMAN MO</b>			
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) <b>Hypostatic Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral vascular accident</b>					<b>7 days</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 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)		<b>331X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>6-14, 1954</b> , to <b>6-17, 1954</b> , that I last saw the deceased alive on <b>6-17, 1954</b> , and that death occurred at <b>3:22 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Norton P. Plunkett, D.O.</b>				23b. ADDRESS <b>Mansfield, Mo</b>		23c. DATE SIGNED <b>6-20-54</b>	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-20-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MANSFIELD</b>		24d. LOCATION (City, town, or county) (State) <b>WRIGHT CO. MO</b>	
DATE REC'D BY LOCAL REG. <b>6/25/54</b>		REGISTRAR'S SIGNATURE <b>Stanley C. Plunkett</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Robert Swann</b>		ADDRESS <b>MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1140

No. 300

10-48

RECEIVED JUN 20 1970  
WRIGHT CO. HEALTH DEPT.  
County File Number 754-70  
Date Filed 7-3-54

**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

*Don G. Lavelle*

Licensed Embalmer No. 4847

P. O. Address Marfield, 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.