

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22039

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8000- Registrar's No. 70

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY OR TOWN BUTLER		c. CITY OR TOWN BUTLER	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 YRS		e. STREET ADDRESS (If rural, give location) 404 NORTH MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) STEVE	b. (Middle) (NONE)	c. (Last) BURNELL	4. DATE OF DEATH (Month) (Day) (Year) JULY 19 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 8, 1917	9. AGE (In years last birthday) 37 YRS	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) INDIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHRIS BURNELL	13b. MOTHER'S MAIDEN NAME LOUISA	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME FLOYD BURNELL	ADDRESS 10420 BILL STEWART
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 21 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEAT STROKE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE GENEALIZED ARTERIOSCLEROSIS		UNDET.
	DUE TO (c) DIABETES MELLITUS		5 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY ; SENILITY			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BUTLER, MO
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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? _____
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22. I hereby certify that I attended the deceased from **MAR 9**, 19**49**, to **JULY 19**, 19**54**, that I last saw the deceased alive on **JULY 18**, 19**54**, and that death occurred at **12:10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John M. Cooper M.D.	23b. ADDRESS BUTLER, MO	23c. DATE SIGNED 7-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 20, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. Jul 17 19-54	REGISTRAR'S SIGNATURE Rendall Kossuth	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS	ADDRESS K.C. MO.
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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 *Robert J. Boyer*

Licensed Embalmer No. *489*

P. O. Address *KC 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.