

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp. 6 yr.</u>		c. CITY OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>1002 Howard St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THURZA</u> b. (Middle) <u>BURNETT</u> c. (Last) <u>LOEHR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>April 11-1893</u>	
7. MARRIAGE STATUS (Specify) <u>Never Married</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wade County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Woolridge</u>	
13c. NAME OF HUSBAND OR WIFE <u>Wallace E. Koche</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary B. Steadly</u>		17. ADDRESS <u>Carthage, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Diabetes Mellitus</u>		<u>4 days</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Senility</u>		<u>Shk.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 Aug-21, 1953, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Boteler, M.D.</u>		23b. ADDRESS <u>State Hospital, Nevada, Mo.</u>		23c. DATE SIGNED <u>July 31, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>Aug 3, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		25. ADDRESS <u>Carthage, Mo</u>	

DATE REC'D BY LOCAL REG. 8-4-1954 REGISTRAR'S SIGNATURE Anna E. Ferry 451

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

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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 *Frank W. Kneel*.....

Licensed Embalmer No. 4440.....

P. O. Address Carthage.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.