

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22753

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 49			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Lawrence		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mt. Vernon, Mo.		a. STATE Missouri		b. COUNTY Wright			
c. LENGTH OF STAY (in this place) (township) 116 days		c. CITY OR TOWN Mountain Grove		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 Mo. State Sanatorium				a. STREET ADDRESS (If rural, give location) 1641					
3. NAME OF DECEASED (Type or Print)		a. (First) Merium		b. (Middle) L.		c. (Last) Burney			
4. DATE OF DEATH (Month) (Day) (Year) July 10, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			
8. DATE OF BIRTH Nov. 12, 1878		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Kansas			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. P. HELFINSTINE		13b. MOTHER'S MAIDEN NAME MARGARET PHILLIPS		14. NAME OF HUSBAND OR WIFE San, records, Mo. State San., Mt. Vernon, Mo			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME San, records, Mo. State San., Mt. Vernon, Mo		ADDRESS			
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				INTERVAL BETWEEN ONSET AND DEATH abt. 8 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary tuberculosis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) CORX					
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 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 3-16-, 1955, to 7-10-, 1955, that I last saw the deceased alive on 7-10-, 1955, and that death occurred at 9:10a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. A. Brushner M.D.				23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 7-11-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-10-55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Mountain Grove, Mo.			
DATE REC'D BY LOCAL REG. 7-21-55		REGISTRAR'S SIGNATURE Paul Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE New Park		ADDRESS Mtn. Home			

(Licensed Embalmer's Statement on Reverse Side)

mo.

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

550

0.300
0.48

MAR 9 1956

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.....
Rev. Barber

Licensed Embalmer No. 38

P. O. Address *MTA*

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.