

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25709**
Registrar's No. **39**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5373**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (rural)	
c. LENGTH OF STAY (In this place) 5 Mos.		d. STREET ADDRESS (If rural, give location) 0000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maple Lawn Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) MALINDA		c. (Last) BURNIE		4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 10 1886	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Maysville Mo (rural)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Steven G. M., ret		13b. MOTHER'S MAIDEN NAME Lucinda Graham		14. NAME OF HUSBAND OR WIFE Everett E. Burnie	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dallas Dunham, Maysville Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH ?	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4214			
		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"/>	
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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)	
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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 **May 18 1955** to **Aug 21, 1955**, that I last saw the deceased alive on **Aug 20, 1955**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Harold, M.D.		23b. ADDRESS Maysville Mo		23c. DATE SIGNED 8/22-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/23-55		24c. NAME OF CEMETERY OR CREMATORY Woods		24d. LOCATION (City, town, or county) (State) Maysville Mo. (Rural)	
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DATE REC'D BY LOCAL REG. 8-24-55		REGISTRAR'S SIGNATURE W. E. Harold		82-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FILCHER FUNERAL HOME, MAYSVILLE MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3220

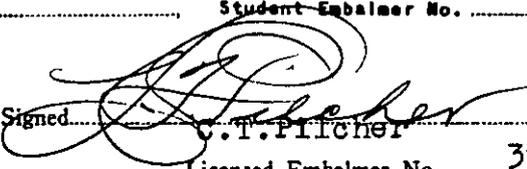
100-100-100-100

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..... 
C.T. PITCHER
Licensed Embalmer No. 3960
P. O. Address Maysville 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.