

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25735

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 9019		Registrar's No. 93			
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>					
b. CITY OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>KENNETT</u>		d. STREET ADDRESS (If rural, give location) <u>802 N. BALDWIN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 N. BALDWIN</u>				d. STREET ADDRESS (If rural, give location) <u>802 N. BALDWIN</u>					
3. NAME OF DECEASED (Type or Print) <u>BURBANEY MELVINA LINDER</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>JULY 29, 1955</u>			(Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov. 22, 1877</u>			
9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>BILL SNIRES</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>Paul Harrison</u> ADDRESS <u>4389 W. Pine St. St. Louis, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
19a. DATE OF OPERATION _____		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 (Month) (Day) (Year) (Hour) OF INJURY _____			
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 <u>7-28</u> , 19 <u>55</u> , to <u>7-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>55</u> , and that death occurred at <u>10:15 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Scintory Tarr</u> <u>Orinton Tarr M.D.</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>8-1-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 31, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>KENNETT Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-3-1955</u>		REGISTRAR'S SIGNATURE <u>Earl Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.R. Cunningham</u> ADDRESS <u>Kennett, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DEPARTMENT 8-16

COUNTY FILE NUMBER ..855-

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 *Leyman P. Cunningham*

Licensed Embalmer No. *4969*

P. O. Address *Hinsett, 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.