

FILED JUL 2 1956

STANDARD CERTIFICATE OF DEATH

21475
State File No.

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Ferndale) Dillon TWP		c. CITY OR TOWN Charleston	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle) ***	c. (Last) Burnett	4. DATE OF DEATH (Month) (Day) (Year) June 20 1956
-------------------------------------	-----------------	-----------------	-------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH Jan 30, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Day 20	Hours Min.
---------------	------------------------	---	-------------------------------	------------------------------------	--------------------------	-------------------------	------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Scott Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	----------------------------------

13a. FATHER'S NAME Robert J. Burnett	13b. MOTHER'S MAIDEN NAME Evelyn Moore	14. NAME OF HUSBAND OR WIFE None
--------------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home St. James, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic bronchitis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchitis } several years		
	DUE TO (c) Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrichantaris fracture of left femur w/ recent origin			4222 F

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 OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 August 4, 1955, to June 20, 1956, that I last saw the deceased alive on June 14, 1956, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. J. Hummel (Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 6-21-56
---	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Charleston Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. 6-21-56	REGISTRAR'S SIGNATURE Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE Jesse G. G. St. James, Mo.	ADDRESS
----------------------------------	--------------------------------------	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 449

Date Filed JUN 23 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed C. Jesse Gahr.....

Licensed Embalmer No. 448

P. O. Address Ph. Jan

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.