

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29802

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112A		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Curlew Millersville</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Mapleton</u>		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 <u>Mapleton</u>				e. STREET ADDRESS (If rural, give location) <u>436 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Juanita</u>		b. (Middle) <u>Lucille</u>		c. (Last) <u>Burnette</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14-56</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>OCT 29-1931</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Mapleton</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jesse Bodine</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Kane</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Burnette</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mapleton</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Burnette</u>		ADDRESS <u>Mapleton, Oregon</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death</u>  ANTECEDENT CAUSES DUE TO (b) <u>Caused by car accident</u> DUE TO (c) <u>Chest crushed over</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart by steering wheel</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Scopus</u> (COUNTY) <u>Oregon</u> (STATE) <u>Mo.</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-14-56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edwin Crites M.D.</u> (Degree or title)				23b. ADDRESS <u>Scopus Oregon</u>		23c. DATE SIGNED <u>9/19/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>		24d. LOCATION (City, town, or county) (State) <u>Mapleton Millersville MO</u>	
DATE REC'D BY LOCAL REG. <u>9-19-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home Taborville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1957

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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.....  
*J. E. Graham*

Licensed Embalmer No. 4016

P. O. Address *Lutesville*

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.