

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33801

State File No.

T. HANY
FILED OCT 22 1956

BIRTH NO.		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 5856		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Hawley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Hawley</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>33 yrs</u>		c. CITY OR TOWN <u>Mt. View Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Larnex Leora Burtels</u>		4. DATE OF DEATH <u>Oct 7-1956</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 4-1904</u>		9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. C. Embury</u>		13b. MOTHER'S MAIDEN NAME <u>Abigail Rudeney</u>		14. NAME OF HUSBAND OR WIFE <u>Larnex Burtels</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>180</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larnex Burtels</u>		18. ADDRESS <u>Mt. View Mo.</u>		19. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF BREAST</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>56</u> , to <u>10-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>56</u> and that death occurred at <u>3:45 PM</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. E. Tiffany</u>		23b. ADDRESS <u>Mountain View, Mo.</u>	
23c. DATE SIGNED <u>10-16-56</u>		24a. BIRTHAL CREMATION-REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>Oct 10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mt. View Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reinhard General Home</u>		25. ADDRESS <u>Mt. View Mo.</u>		26. DATE REC'D BY LOCAL REG. <u>10-18-56</u>	
26. REGISTRAR'S SIGNATURE <u>Laura Hatcher</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>Reinhard General Home</u>		27. ADDRESS <u>Mt. View Mo.</u>		28. DATE REC'D BY LOCAL REG. <u>10-18-56</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 251

P. O. Address Mt. View

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.