

FILED JUN 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-017662  
State File No.

107  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5582</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Jackson</u>		c. LENGTH OF STAY (in this place) <u>Jackson</u>		c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR 4, Carthage, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>RR 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u>			b. (Middle) <u>Ray</u>		c. (Last) <u>Burnett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1943</u>		9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Floyd C. Burnett</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Hamsher</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
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 ADDRESS <u>Floyd C. Burnett, Carthage, Mo. R 4</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical skull fracture less than 1 hour</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>845X</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>46</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JASPER MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-17-57 4<sup>30</sup> P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL ONTO GROUND WHEN HORSE HE WAS RIDING FELL AND ROLLED ONTO HIM.</u>			
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 (Degree or title) <u>Woodward and Bowman</u>				23b. ADDRESS <u>First National Bldg. Joplin Mo.</u>		23c. DATE SIGNED <u>5-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-23-57</u>		REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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County File Number 57-6-447  
Date Filed JUN 3 1957

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 *Edwin C. Shroyer*

Licensed Embalmer No. 495

P. O. Address *Chicago*

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.