

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043041

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Sherrill twp</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Licking</u>	10700 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b <u>Lifetime</u>	d. STREET ADDRESS (If outside, give location) <u>110 W of Licking</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ELLEN Geneva Burnett</u>			4. DATE OF DEATH Month Day Year <u>Nov 22, 1958</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 15, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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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	11. BIRTHPLACE (City and state or country) <u>Denton Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>James Deason</u>	13b. MOTHER'S MAIDEN NAME <u>Elsa Young</u>	14. NAME OF HUSBAND OR WIFE <u>F.C. Burnett</u>
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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. <input checked="" type="checkbox"/>	17. INFORMANT <u>Mrs. Alfred Cavarese</u>	Address <u>Licking Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac + pulmonary arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 or 2 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary thrombosis</u>	
	DUE TO (c) <u>Coronary heart disease</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>+ hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>2:10</u> to <u>2:10</u> and last saw ^{her} him alive on <u>Dead on arrival</u> Death occurred at <u>2:10</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>B. J. Myers D.O.</u>	(Degree or title)	22b. ADDRESS <u>Licking, Mo.</u>	22c. DATE SIGNED <u>11-26-58.</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	23b. DATE <u>11-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Licking Cen</u>	23d. LOCATION (City, town, or county) (State) <u>Licking, Mo.</u>
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24. FUNERAL DIRECTOR <u>Smith & Ferguson</u>	ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 5, 1958</u>	26. REGISTRARY SIGNATURE <u>Mrs. Elvora Hesse</u>
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(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Eubert E. Ferguson*

Licensed Embalmer No. *3945*

P. O. Address *Licking Tl*

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.