

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028883

FILED VS SEP 8 1959

140

Primary Registration District No. 5546

Registrar's No. 72

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin		Length of stay in 1b 4 years		c. CITY OR TOWN Franklin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Margaret Middle Loretta Last Burnett			4. DATE OF DEATH Month August Day 11 Year 1959						
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Carroll County, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Joseph W. Dunn			13b. MOTHER'S MAIDEN NAME Julia A. Cunningham			14. NAME OF HUSBAND OR WIFE Charles Robert Burnett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 486-09-4546		17. INFORMANT Address Charles R. Burnett, Franklin, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thromboses DUE TO (b) Chronic Cardiac - Yesc. Rival disease DUE TO (c) 5 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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			
21. I attended the deceased from 8-11-59 to 8-11-59 and last saw her dead on 8-11-59 Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. S. ... (Degree or title)				22b. ADDRESS ... Mo			22c. DATE SIGNED 8-30-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 14, 1959		23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		23d. LOCATION (City, town, or county) (State) Boone County, Missouri			
24. FUNERAL DIRECTOR Markland - Hall ADDRESS New Franklin, Mo.				25. DATE RECD. BY LOCAL REG. 8-30-59		26. REGISTRAR'S SIGNATURE Katherine Welch			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Tom J. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin

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.