

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034106

FILED VS OCT 11 1960

Registration District No. 58 Primary Registration District No. 3011 Registrar's No. 90

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton			Length of stay in 1b 19 yrs.		c. CITY OR TOWN Carrollton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 E. Fourth st.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 308 E. Fourth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BLANCH Middle BURNER Last				4. DATE OF DEATH Month Sept. Day 30 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/29/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Carroll County, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Keltner			13b. MOTHER'S MAIDEN NAME Emma Dick		14. NAME OF HUSBAND OR WIFE Andrew Burner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Homer Burner, Carrollton, 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) Cerebral Metastasis - About 1 week							INTERVAL BETWEEN ONSET AND DEATH About 16 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Breast Carcinoma 2							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old age, Hypertension					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 type="checkbox"/> NO <input checked="" 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 Sept 1959 to 30 Sept 60 and last saw him alive on 29 Sept. 1960 Death occurred at 1:05 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John L. Dinyan MD</i> (Degree or title)				22b. ADDRESS 116 W. Benton Carrollton, Mo -		22c. DATE SIGNED 10-1-60.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/2/1960	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		23d. LOCATION (City, town, or county) (State) Carrollton, Mo.		
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-2-60		26. REGISTRAR'S SIGNATURE <i>Mr. Herbert Clark</i>	

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carroll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.