URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-037832

FILED VS. NOV 14 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 375

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 12 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 611 Capital Ave — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Fannie Middle Ann Last Majors

4. DATE OF DEATH Month Nov Day 9 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH Oct 21 1874
9. AGE (last birthday) 86 — 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Callaway County Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Burnett
13b. MOTHER'S MAIDEN NAME Ladonia Foster
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. –
17. INFORMANT Trellis Wilcoxon Address 406 Velters Lane Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chr. brain syndrome	2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	senelitity	2-3 yrs
DUE TO (c)	Bilateral Bronchopneumonia	1 wk

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/5/60, to 11/9/60 and last saw her alive on 11/8/60
Death occurred at 10:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N Kanagawa MD
22b. ADDRESS 515 E High St
22c. DATE SIGNED 11/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 10 1960
23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery
23d. LOCATION (City, town, or county) (State) Ashland Mo

24. FUNERAL DIRECTOR Burnett Funeral Home ADDRESS Ashland Mo
25. DATE RECD. BY LOCAL REG. 9 November 1960
26. REGISTRAR'S SIGNATURE R.P. Dorris Mo - N Richter, Dy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Wm. L. Burnett

Signature of Student Embalmer

Licensed Embalmer No. 3564

P. O. Address Ashland M

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