

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042907

FILED VS DEC 8 1960

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 5830 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bertha Middle ----- Last Burnett			4. DATE OF DEATH Month 11 Day 30 Year 60		
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 4/15/1904	9. AGE (last birthday) 56
				IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HR Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Marion Co. Alabama		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME S.R. Price		13b. MOTHER'S MAIDEN NAME Sarah Jane Williams		14. NAME OF HUSBAND OR WIFE Bentley Burnett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address Bentley Burnett, Sikeston, 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) Toxemia					INTERVAL BETWEEN ONSET AND DEATH Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Myeloma					
DUE TO (c) -----					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked anemia				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 Sikeston		COUNTY -----	STATE -----
21. I attended the deceased from 9-3-60 to 11-30-60 and last saw her ^{him} alive on 11-15-60 Death occurred at 7 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E.S. Urban, M.D. (Degree or title)			22b. ADDRESS Sikeston		22c. DATE SIGNED -----
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/2/60	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) Sikeston, Mo.	(State) -----
24. FUNERAL DIRECTOR ADDRESS Albritton Funeral Home, Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 12-1-60	26. REGISTRAR'S SIGNATURE Mathy L. Mc Bain		

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 Raymond L. Duffin

Licensed Embalmer No. 479

P. O. Address Berme

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.