

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047027

FILED VS DEC 19 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 417

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Pettis</u>		
		Length of stay in 1b <u>20 Years</u>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1808 S. Osage Sedalia, Mo</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1808 South Osage</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <u>EARL</u>		Middle <u>R.</u>		Last <u>BURNETT</u>		Month <u>December</u> , Day <u>12</u> , Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-1901</u>	9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist-Mo. Pac. Shops</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Cole Camp, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James Burnett</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Burnett</u>		
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. <u>188-26-2965</u>		17. INFORMANT Address <u>Ruth Burnett- 1808 South Osage-Sedalia, Mo.</u>				
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 Found dead in bed		
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>						8 years		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hemiplegia</u>						1952 & 1960		
DUE TO (c) <u>Cerebro Vascular accidents</u>								
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"/> N. <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 <u>          </u> a.m. <u>          </u> p.m.		Month, Day, Year <u>          </u>						
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 <u>October 1960</u> to <u>December 12, 1960</u> and last saw <u>him</u> alive on <u>12-7-60</u>				Death occurred at <u>          </u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>G. L. Walter</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>500 West 16th, Sedalia, Mo.</u>			22c. DATE SIGNED <u>12-12-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 11, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
24. FUNERAL DIRECTOR <u>D. W. Heckart-Sedalia, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>12-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

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 *W. J. Keckart*

Licensed Embalmer No. 3470

P. O. Address *Redalia*

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