

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024343

FILED JUL 31 1961 53

3010 Registrar's No. 309

STATE FILE NUMBER

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo.		Length of stay in lb 12 hours		c. CITY OR TOWN Dorena		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Osteopathic Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 1.	
3. NAME OF DECEASED (Type or print) First Patsy Middle Ruth Last Burney				4. DATE OF DEATH Month July Day 20 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-19-61	
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
		Months		Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Wyatt, Missouri	
						12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bill Burney				13b. MOTHER'S MAIDEN NAME Etta Mae Adams		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)				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Bill Burney, Dorena, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary telecystosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 16 hrs	
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 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 checked="" 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 July 17, 61 to 61 and last saw her July 20/61 alive on July 20/61 Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. P. Fantana D.O.				22b. ADDRESS Wyatt, Mo		22c. DATE SIGNED 7-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-21-1961		23c. NAME OF CEMETERY OR CREMATORY W. O. W Cemetery		23d. LOCATION (City, town, or county) (State) East Prairie, Missouri	
24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.				25. DATE RECD. BY LOCAL REG. 7-28-61		26. REGISTRAR'S SIGNATURE Jane Kasten	

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. 21940

P. O. Address East Prairie, La.

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.