

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025807

STATE FILE NUMBER

AMENDED

Registration District No. 26-137 Primary Registration District No. 3033 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 1 1/2 hr.	c. CITY OR TOWN Roach		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lake Road 54-86	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Wesley Burnett			4. DATE OF DEATH Month Day Year July 14, 1961		
5. SEX Male	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 August 10, 1898	9. AGE (last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Burnett		13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE Lula Mae Helms Burnett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI			17. INFORMANT Lula Mae Burnett Address Lake Rd. 54-86 Roach, 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) SELF-INFLICTED GUN SHOT WOUND TO HEAD.					INTERVAL BETWEEN ONSET AND DEATH 3 Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 22 RIFLE - RT TEMPORAL AREA			
20c. TIME OF INJURY Hour a.m. p.m. 3:30 p.m.		Month, Day, Year 7-14-61			
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 CAMDEN		STATE MISSOURI
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D.B. Holley MD. (County Coroner)			22b. ADDRESS CAMDEN, MISSOURI		22c. DATE SIGNED 7-15-1961
23a. BURIAL, CREMATION, etc. (Specify) burial		23b. DATE July 17, 1961	23c. NAME OF CEMETERY OR CREMATORY Fox Crossing Cemetery		23d. LOCATION (City, town, or county) (State) Pulaski County, Missouri
24. FUNERAL DIRECTOR Walter Hedges ADDRESS Funeral Home Camden, Mo.			25. DATE RECD. BY LOCAL REG. 7-15-1961	26. REGISTRAR'S SIGNATURE Lula Mae Burnett	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1961

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.