MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028648
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 145

FILED SEP 11 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Kansas City Memorial — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Clay~~
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3512 Baltimore — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harriett Middle Ruth Last Burnett
4. DATE OF DEATH Month 9 Day 3 Year 61
5. SEX Female
6. COLOR OR RACE Caucasion
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-1-40
9. AGE (last birthday) 21 — 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) SECRETARY
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) LOWRY CITY MO
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HARRY BURNETT
13b. MOTHER'S MAIDEN NAME HARRIETT--------
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.
17. INFORMANT Address FORESTT GOODRICH OSCEOLA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Intracerebral & Subarachnoid Hemorrhage, Brain — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Contusion & laceration, brain — 24 hrs
DUE TO (c) Automobile Accident — 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
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.) Automobile Accident
20c. TIME OF INJURY 2:30 Hour ~~a.m.~~ p.m. Month, Day, Year 9-2-61
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.) Highway
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7 or Coroner to 9-3-61 and last saw her/him alive on
Death occurred at 1:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) by W.R. McPhee deputy O.S. Pate Coroner Clay Co. Mo.
22b. ADDRESS N.K.C. Memorial Hosp. North Kansas City, Mo.
22c. DATE SIGNED 9-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 9-3-61
23c. NAME OF CEMETERY OR CREMATORY LOWRY CITY CEMETERY
23d. LOCATION (City, town, or county) (State) OSCEOLA MISSOURI

24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek Blvd. D.W. Newcomer's Sons Kansas City Mo
25. DATE RECD. BY LOCAL REG. 9-3-61
26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 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 Lavin Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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.