MISSOURI		DI'	۷I	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-006339	
E B	E AMENDED			ا ـــا سيا	Registration District No. ———————————————————————————————————
5	ATE AMENDED				1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Clinton c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \$26 E. Franklin St. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY Henry admission) c. CITY OR TOWN Clinton Ves. No Inside Limits Yes. No Ves. No Yes. Yes. No Yes. Yes. Yes. No Yes. Yes. Yes. Yes. Yes. Yes. Yes. Yes.
2 2	DAT			=	3. NAME OF DECEASED first Middle Last 4. DATE Month Day Year (Type or print) Minnie B. McBurney DEATH Feb. 10, 1962
THIS RECORD ARE AS FOLLOWS	EAD OF			-	5. SEX 6. COLOR OR RACE 7. Married Widowed Divorced Divorced 1/20/1872 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Day Mours Min. House Married B. DATE OF BIRTH 1/20/1872 90 Months Day Months Day Mours Min. Divorced 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
				١.	during most of working life, even if retired) Housekeeper 136. Mother's Malden NAME Maquoketa, Towa USA 136. Mother's Malden NAME 14. NAME OF HUSBAND OR WIFE
					Marriner G. Maudsley Amanda Gentsetiss Campbell Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO Helen M. McBurney Clinton, MO.
			DOCUMENT	_	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INCIDENT IN INCIDENT TO VITTO INTERVAL BETWEEN ONSET AND DEATH TWINTES
			DOC		Conditions, if any, which gave rise to above cause (a), stating the under-lying cause (ast.) DUE TO (c) Myocardial Jusufficeury L4 hrs. Due To (c)
AMENDMENTS ON				CERTIFICATION	
				EDICAL CERT	20c. TIME OF Hour Month, Day, Year
				WE	p.m. 20d. INJURY OCCURRED WHILE AT WORK 100 pt. 100
	LD READ				21. I attended the deceased from 1-1-60, to 2-10-62 and last saw her him elive on 2-10-63 Death occurred at 2:28 3 m on the date stated above, and to the best of my knowledge, from the causes stated.
	SHOULD		VIT OF	٠, ١	226. SIGNATURE 226. SIGNATURE 226. PATE SIGNED 226. PATE SIGNED 227. PATE SIGNED 228. BURIAL, CREMATION, 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town, or county) State
	EM NO.		AFFIDA		REMOVAL (Specify) Burial Feb. 12, 1962 Englewood cemetery Clinton, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
	II		β.	- <u>-</u>	Vansant Funeral Home, Clinton, Mo. Feb 12 - 1962 Middled Bigum (Licensed Embalmer's Statement on Reverse Side) By me

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	Signed Tt. dellausant	
Signature of Student Embalmer	Licensed Embalmer No. 3779	
	Blit W	

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.