

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026853

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 325 Primary Registration District No. 6096 Registrar's No. 123

FILED JUL 12 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0980			
2 0980			
3			
4 0			
5 1			
6			
7 0			
8 0			
9 1562			
10			
11			
12 90-2			
13 10			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	
ITEM NO.			

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Glenwood</u>		c. CITY OR TOWN <u>Glenwood</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>east of Glenwood Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Scott</u> Last <u>Burnett</u>		4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Aug 13 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	
11a. FATHER'S NAME <u>Phillip Trimble Burnett</u>		11b. MOTHER'S MAIDEN NAME <u>Carrie Martin</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WWI</u>		12b. SOCIAL SECURITY NO. <u>486-12-3387</u>	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and debilitation</u> DUE TO (b) <u>Metastatic carcinoma of liver</u> DUE TO (c) <u>Primary source unknown</u>		13b. NAME OF HUSBAND OR WIFE <u>Clara Burnett</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. ☐ 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.)	
20c. TIME OF INJURY Hour <u>7:05</u> a.m. <u>7:05</u> p.m.	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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-25-57</u> to <u>7-7-63</u> and last saw <u>her</u> alive on <u>7-7-63</u> Death occurred at <u>7:05</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H.R. Stokes</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Lancaster, Mo.</u>	
22c. DATE SIGNED <u>7-11-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jul 9 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arni Memorial</u>	
23d. LOCATION (City, town, or county) <u>Lancaster Mo</u>			
24. FUNERAL DIRECTOR <u>Normans</u>		25. DATE RECD. BY LOCAL REG. <u>July 11, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Clara Burnett</u>			

AUG 2 1963

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 James E. Foster

Licensed Embalmer No. 4742

P. O. Address Fukusville, 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.

Remains returned pending the papers.