

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30

MAY 13 1940

Registration District No. 461

Primary Registration District No. 5625

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston Mo.

(c) Name of hospital or institution: Rural
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County Lafayette

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME SUSAN ISABELL BURNETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife William Burnett

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. INDUSTRY OR BUSINESS

12. Name Richard Megonnigil

18. Birthplace Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bernastus

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Burnett

(b) Address Livingston, Mo.

17. (a) Burial (b) Date thereof April 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Livingston, Mo.

19. (a) May 8/40 (b) Delea Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 12, 1940, to April 14, 1940
that I last saw her alive on April 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of colon

Due to Chronic myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 46

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 800

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. S. Cape (M. D. or other) MD

Address Livingston, Mo. Date signed 4/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Doc

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5/10/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Garrest Temple
Licensed Embalmer No. 3272
P. O. Address Livingston, 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 this body is not embalmed, above space should be left blank.