

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27898

Registration District No. 71

Primary Registration District No. ~~5111A~~ 4040 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Treasa Burnett 65?
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John T. Burnett 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Aug 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 15 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Richard Rice
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Myra Coonce
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature V. S. Burnett
(b) Address Columbia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director Holt & Burnett 73
(b) Address Ashland, Missouri

19. (a) Aug 29 40 (Date received local registrar) (b) Francois Nichols (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Ashland
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1940 hour 12 minute 05 A. M.

21. I hereby certify that I attended the deceased from Aug 19 39 to Aug 27 40, 1940
that I last saw her alive on Aug 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to _____

Due to g.H.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. B. Feyer (M. D. or other) _____
Address Ashland, Mo Date signed _____

WHETHER PRINTED OR WRITTEN IN 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.

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 *W. C. Burnett*

Licensed Embalmer No..... 3564

P. O. Address Ashland 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 this body is not embalmed, above space should be left blank.