

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8193

State File No. ....

BIRTH NO. .... REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY OR TOWN <i>Outside corporate limits, write RURAL and give township</i> <b>Cardwell Buffalo</b>		c. LENGTH OF STAY (In this place) <b>31</b>	c. CITY OR TOWN <i>Inside corporate limits, write RURAL and give township</i> <b>Cardwell (Rural) Saline</b> 0350		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Mose</b> c. (Last) <b>Burgess</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 11 - 50</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>April 11, 1904</b>	9. AGE (In years last birthday) (Specify) <b>46</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Dunklin County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Burgess</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie G. Karnes</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Jennie Burgess</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broken Neck</b>			INTERVAL BETWEEN ONSET AND DEATH <b>28234</b> <b>32</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto Accident</b>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., shop) <b>Hi-way 25 Near Cardwell</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cardwell Dunklin Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar. 11-50 6:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>035</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Walter A. Hawkins</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Kennett Mo.</b>		23c. DATE SIGNED <b>3-14-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-12-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lu Lu</b>	24d. LOCATION (City, town, or county) (State) <b>Senath MO.</b>		
DATE REC'D BY LOCAL REG. <b>3-17-50</b>	REGISTRAR'S SIGNATURE <b>E. L. Harrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Emerson &amp; Son, Inc.</b> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 3-20-50 .....  
COUNTY FILE NUMBER 250-94 .....

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**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.