S. No. 300
v. 10.48

0390

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4535

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 26

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

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove R.R.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove R.R. 0390
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Alice Hood
c. (Last): Burney

4. DATE OF DEATH (Month) (Day) (Year): 2-10-1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-12-1906
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months 1 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: house wife
11. BIRTHPLACE (State or foreign country): Miami Okla.
12. CITIZEN OF WHAT COUNTRY?: Native

13a. FATHER'S NAME: Newton Hood
13b. MOTHER'S MAIDEN NAME: Eva Nixon
14. NAME OF HUSBAND ~~OR WIFE~~: Dan Burney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Newton Hood — ADDRESS: Ash Grove Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Uterus.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 174 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 2-9-, 1951, that I last saw the deceased alive on _____, 19__ and that death occurred at 7:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Gearber M.D. 0
23b. ADDRESS: Walnut Grove, Mo.
23c. DATE SIGNED: 2-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Johns Chapel
24d. LOCATION (City, town, or county) (State): S. of Ash Grove Mo.

DATE REC'D BY LOCAL REG.: 2/17/51
REGISTRAR'S SIGNATURE: Irene H. Wilson 104
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Lemon — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 51-2-11
Date Filed 2-21-51

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 E. R. Leiman
Licensed Embalmer No. 3297
P. O. Address Miller 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, fact should be so stated above.