

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5282
Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3042

0592
4

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale	
c. LENGTH OF STAY (In this place) 2 months		0590	
d. STREET ADDRESS (If rural, give location) Raulie Nurseing Home		Cherry St. Chillicothe Mo.	

3. NAME OF DECEASED (Type or Print) Amanda E. Burnside	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH February 28, 1951	(Month)	(Day)	(Year)
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 12, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 5	IF UNDER 1 HR. Hours 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Hale Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME A.M. Burnside	13b. MOTHER'S MAIDEN NAME Catharine Kyle	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXXXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Burnside	ADDRESS Hale Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs. 4/20
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Senility		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from JAN-15, 1949, to Feb-28, 1951, that I last saw the deceased alive on Feb 27, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Machinery (Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 3/2/51
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24a. BURIAL, CREMATION, REBURY (Specify) Burial	24b. DATE Feb. 2 - 1951	24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	24d. LOCATION (City, town, or county) (State) Near Hale Missouri
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DATE REC'D BY LOCAL REG. 3/2-51	REGISTRAR'S SIGNATURE Frances B. Neill	25. GENERAL DIRECTOR'S SIGNATURE Frank E. Slater	ADDRESS Hale Mo.
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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

Frank E. Slater

Licensed Embalmer No. *937*

P. O. Address. *Hale Ave*

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.