

FILED JUN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19428**

BIRTH NO.		REG. DIST. NO. 34	PRIMARY REG. DIST. NO. 5117	Registrar's No. 5
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar 0102		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Ashland Mo RFD		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland Mo RFD				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph William b. (Middle) Burnett c. (Last) Burnett		4. DATE OF DEATH (Month) (Day) (Year) June 1 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 2 1860	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR: Months 4 Days 29 IF UNDER 4 HRS: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Warren Burnet		13b. MOTHER'S MAIDEN NAME David Ella Coons	14. NAME OF HUSBAND OR WIFE Annie Burnett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Burnett Ashland Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 yr 10
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 446x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Apr 10 1951 to June 17 1951 , that I last saw the deceased alive on May 28 1951 , and that death occurred at 7:05 p.m. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) F.C. Suggs M.D.		23b. ADDRESS Columbia		23c. DATE SIGNED 6-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE June 3 1951	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemt	24d. LOCATION (City, town, or county) (State) Ashland Mo
DATE REC'D BY LOCAL REG. June 3/51		REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Burnett Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 6-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-20-51 _____

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 W. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.