

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22085

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 836

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 622 S. 9th Street		d. STREET ADDRESS (If rural, give location) 622 S. 9th Street	

3. NAME OF DECEASED (Type or Print) Maurice Burnett
a. (First) b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) August 3, 1951.

5. SEX Male 0 6. COLOR OR RACE Jewish 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 10, 1881. 9. AGE (In years last birthday) 70
IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY Dep't Store
11. BIRTHPLACE (State or foreign country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Burnett
13b. MOTHER'S MAIDEN NAME Pearl Fox
14. NAME OF HUSBAND OR WIFE Delia Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 491-09-6559
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delia Burnett St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) chronic myocarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 4201
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 8-3-51, 19, to 8-3-51, 19, that I last saw the deceased alive on 8-3-51, 19, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Anderson (Degree or title) M. D.
23b. ADDRESS 311 Physician & Surgeons, St. Joseph, Mo.
23c. DATE SIGNED 8-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 5, 1951.
24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Aug 7, 1951
REGISTRAR'S SIGNATURE Carl C. Casper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Fleischer St. Joseph, Mo.

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

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 *Robert E. Harrington*

Licensed Embalmer No. 3288 Missouri.

P. O. Address St. Joseph, 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, fact should be so stated above.