

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8739

State File No. ....

No. 300  
10.48

FILED APR 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Butler Mt. Pleasant</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Butler Mt. Pleasant</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>		d. STREET ADDRESS <u>Pine Tree Rest Home</u> <small>(If rural, give location)</small>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Doll</u>	b. (Middle)	c. (Last) <u>Burnett</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>March 14 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1873</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 20 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Burnett</u>	13b. MOTHER'S MAIDEN NAME <u>U.N. KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, Pine Tree Rest Home</u>	ADDRESS <u>Butler</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 years</u> <u>25 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>syphilis</u>		
	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)	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. 1953, to March 14, 1953, that I last saw the deceased alive on Mar. 14, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Laffner, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>3-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caldhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 23-53</u>	REGISTRAR'S SIGNATURE <u>Randall Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Curley-Underwood</u>	ADDRESS <u>Butler</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4 070

**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

*John Glenderson*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.