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Reg. 110,240
FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20278**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1265**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY ST. LOUIS COUNTY		a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL, and give town) JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 8 Days	c. CITY OR TOWN CEDAR CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		e. STREET ADDRESS None	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) THORNTON		b. (Middle) _____ c. (Last) BURNETT	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1887
9. AGE (In years last birthday) 66 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Cedar City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME SAMUEL A. BURNETT		13b. MOTHER'S MAIDEN NAME MARTHA COONCE	
14. NAME OF HUSBAND OR WIFE (NONE)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give year or dates of service) World I	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND OF HEAD ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		-014 - 976X	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FRIENDS HOME	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CEDAR CITY CALLAWAY MO		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY APRIL 24, 1953	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? SELF INFLICTED GUNSHOT WOUND FROM .22 CAL RIFLE	
22. I hereby certify that I attended the deceased from 4/25 , 19 53 , to 5/3 , 19 53 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Clyde Allen (Degree or title) M.D.		23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	
23c. DATE SIGNED 5/3/53		24. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL-TRAIN		24b. DATE 5-5-53	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
DATE REC'D BY LOCAL REG. 5-4-53		REGISTRAR'S SIGNATURE Hebert R. Donohue - MO	
25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND, ST. LOUIS, MO		26. (Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *David J. Van Gorman*.....

Licensed Embalmer No. *4242*

P. O. Address *6322 40th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.