

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42795**
5831

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 63 4344 Highland Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Lauren			b. (Middle)			c. (Last) Burnett	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 26, 1881		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired advertising & signs		10b. KIND OF BUSINESS OR INDUSTRY Signs		11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James H. BURNETT			13b. MOTHER'S MAIDEN NAME Linnie Tyler			14. NAME OF HUSBAND OR WIFE Mrs. HESTER 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. 486-26-7487A		17. INFORMANT'S SIGNATURE OR NAME Mrs. HESTER BURNETT ADDRESS 4344 HIGHLAND KANSAS CITY MO.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Pneumonia</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 4/18/51 , 19____, to 12/10/53 , 19____, that I last saw the deceased alive on 12/10/53 , 19____, and that death occurred at 8:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. P. Boughnour (Degree or title) M.D.				23b. ADDRESS Kansas City Mo.		23c. DATE SIGNED 12/11/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12-53		24c. NAME OF CEMETERY OR CREMATORY Forrest Hills		24d. LOCATION (City, town, or county) (State) K.C., Mo.	
DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE DW Newman Sons ADDRESS 1231 BRUSH ST. KANSAS CITY 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 *Robert G. Boyer*

Licensed Embalmer No. *4892*

P. O. Address *K. C. 10, 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.