

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1956

State File No. 227

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 2

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 Centralia		c. CITY OR TOWN Centralia	
c. LENGTH OF STAY (in this place) 30 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Centralia, Missouri		e. STREET ADDRESS (If rural, give location) 442 South Rollins 0100	

3. NAME OF DECEASED (Type or Print)	a. (First) Ara	b. (Middle) Leander	c. (Last) Burnett	4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1956
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 6	IF UNDER 2 HRS. Days 4	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Burnett	13b. MOTHER'S MAIDEN NAME May Bruner	14. NAME OF HUSBAND OR WIFE Della Jane Burnett
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bella Jane Burnett Centralia, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, etiology undetermined		INTERVAL BETWEEN ONSET AND DEATH 6 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Metastatic carcinoma to thoracic spine 177x		

19a. DATE OF OPERATION 9-20-55	19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma to thoracic spine	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 July 11, 1955, to Jan 30, 1956, that I last saw the deceased alive on Jan 28, 1956, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE Robt L. Ward MD	23b. ADDRESS Centralia	23c. DATE SIGNED 2-1-56
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24a. BURIAL, CREMATION, REBURY (Specify) Burial	24b. DATE Feb. 1, 1956	24c. NAME OF CEMETERY OR CREMATORY City of Centralia	24d. LOCATION (City, town, or county) (State) Centralia, Mo.
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DATE REC'D BY LOCAL REG. Feb. 2-1956	REGISTRAR'S SIGNATURE Maud Mc Bride	30	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill G. Meador, Centralia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1958

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 *Bill J. Medoro*.....

Licensed Embalmer No. *4876*.....

P. O. Address *Littleton, Minn.*.....

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.