

NO. 300  
10-48

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9944**

BIRTH NO. _____		REG. DIST. NO. <b>243</b>		PRIMARY REG. DIST. NO. <b>4363</b>		Registrar's No. <b>4</b>	
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairview</b>		c. LENGTH OF STAY (In this place) <b>27 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairview</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>2 10 56</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Susanna</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Burnell</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 4 1876</b>		9. AGE (In years last birthday) <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Brookville Ohio</b>		12. COUNTRY OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Benjiman Swartz</b>			13b. MOTHER'S MAIDEN NAME <b>Anna May Earnest</b>			14. NAME OF HUSBAND OR WIFE <b>John H. Burnell (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Brooks Fairview Missouri</b> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH <b>Several Weeks</b>	
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 _____, 19____, to <b>2-10</b> , 19 <b>56</b> ; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Morris Jones</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Neosho, Missouri</b>		23c. DATE SIGNED <b>2-15-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/13/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dice Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fairview Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-7-1956</b>		REGISTRAR'S SIGNATURE <b>Alpha Dyer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Morris Jones</b> ADDRESS <b>Neosho Mo.</b>			

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

WHEATON COUNTY HEALTH UNIT

WEO SHO, MISSOURI

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 James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.