

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**27630**

**FILED SEP 6 1956**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 343 Registrar's No. 296

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Marion</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>				c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		Length of stay in lb		d. STREET ADDRESS <u>310 So 5th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>			
First <u>Andrew</u>		Middle <u>S.</u>		Last <u>Burnett</u>		Month <u>8</u> Day <u>29</u> Year <u>1956</u>	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> <b>NEVER MARRIED</b> <input type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>9-18-1903</u>	
<b>9. AGE</b> (In years last birthday) <u>52</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Projectionist</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Tom Sawyer Theatre</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Hannibal Mo</u>	
<b>10a.</b>		<b>10b.</b>		<b>11.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	
<b>13. FATHER'S NAME</b> <u>Andrew W. Burnett</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>LAURA</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <u>MRS. HELEN BURNETT 310 So 5th St. Hannibal Mo</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease</u>		DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>6 months.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</b>						<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m. _____							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> <u>Hannibal, Missouri, Mo.</u>		<b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>Oct 1955</u> to <u>8/28/56</u> and last saw her/him alive on <u>8/28/56</u> Death occurred at <u>3:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)		<b>22b. ADDRESS</b> <u>Hannibal Mo.</u>		<b>22c. DATE SIGNED</b> <u>8/30/56</u>			
<b>23b. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23c. DATE</b> <u>8/31/56</u>		<b>23e. NAME OF CEMETERY OR CREMATORY</b> <u>Grand View Burial Park</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Hannibal, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> <u>[Signature]</u> ADDRESS <u>Hannibal Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-31-56</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>			

RECEIVED SEP 4 1956  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 4 1956

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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.....  
Signature of Student Embalmer

Signed..... *H.M. O'Donnell*

Licensed Embalmer No. *386*

P. O. Address *Hauschild*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.