

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

40976

STATE FILE NUMBER

FILED DEC 31 1956

75689-56 Registration District No. 82 Primary Registration District No. 4147 Registrar's No. 165

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bunceton, Missouri</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>Bunceton</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bunceton, Mo.</b>   |  | d. STREET ADDRESS (If outside, give location) <b>Bunceton, Mo.</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|   |                               |   |   |  |   |
|---|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Stella</b> Middle <b>Don</b> Last <b>Burnett</b>                    |                               |   | 4. DATE OF DEATH <b>Dec. 25, 1956</b><br>Month Day Year |  |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Nov. 19, 1956</b>                   |  | 9. AGE (In years last birthday) <b>1</b> Months <b>6</b> Days <b>18</b> Hours <b>0</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>             |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>   |   | 11. BIRTHPLACE (City and state or country) <b>Booneville, Missouri</b> |   |
| 13. FATHER'S NAME <b>Donald Burnett</b>   |                               |   | 14. MOTHER'S MAIDEN NAME <b>Cloetta Marriott</b>        |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |                               | 16. SOCIAL SECURITY NO. <b>none</b>   |   | 17. INFORMANT <b>Donald Burnett</b> Address <b>Bunceton, Mo.</b>       |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Suffocation</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9240</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>18</b>         |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |  |   |
|--|--|---|
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)<br><b>Suffocated in bed</b> |   |
| 20c. TIME OF INJURY<br>Hour <b>3</b> a. m. <b>12:25</b> Month <b>56</b> Day <b>56</b> Year <b>56</b>                 |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>                 | 20f. CITY, TOWN, OR LOCATION <b>Bunceton</b> COUNTY <b>Cooper</b> STATE <b>Mo</b> |

21. I attended the deceased from Death occurred at **Apprx. 3A.** **No. Attendance** and last saw her **him** alive on **\_\_\_\_\_** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. L. DeGraeger MD** 22b. ADDRESS **1000 Bonville Ave** 22c. DATE SIGNED **12/28/56**

|   |                                |   |  |
|---|--------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>Dec. 27, 1956</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b> | 23d. LOCATION (City, town, or county) (State) <b>Worthan County Missouri</b> |
|---|--------------------------------|---|--|

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|---|--|--|
| 24. FUNERAL DIRECTOR <b>H. L. Stover</b> ADDRESS <b>Stover, Mo.</b> | 25. DATE RECD. BY LOCAL REG. <b>12/28/56</b> | 26. REGISTRAR'S SIGNATURE <b>W. L. DeGraeger</b> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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 381

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0270

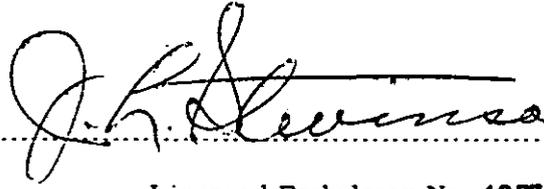
0270

X  
 X  
 DECEASED  
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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 **NOT EMBALMED**, Student Embalmer No. . . . .  
 working under my personal supervision..

Student . . . . .  
 Signature of Student Embalmer

Signed 

Licensed Embalmer No. **4073**

P. O. Address **Stover, Mo**

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