

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **170**

FILED JAN 20 1958

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **19**

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Boone | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia | a. STATE Missouri | b. COUNTY Boone |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hosp. | | c. CITY OR TOWN Columbia | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Length of stay in 1b Sudden | | d. STREET ADDRESS 808 Sandifer St. | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-------------------------------|--|---|---|----------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First John | Middle Granville | Last Burnett | Month 1 | Day 13 | Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 11/21/1884 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee | | 10b. KIND OF BUSINESS OR INDUSTRY Police Dept. | 11. BIRTHPLACE (City and state or country) Calloway County Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Tom Burnett | | | 14. MOTHER'S MAIDEN NAME Maggie Burnett | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 49-05-3345 | 17. INFORMANT Address J.H. Burnett, Columbia, Mo. | | |

| | | |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Myocardial infarction | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |
| DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

| | | | | | |
|---|----------------------------------|-----------------------------------|--|--|--|
| 20a. ACCIDENT <input 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.) 4200 | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | |

| | | |
|---|---|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |
| 21. I attended the deceased from Nov '54 to Jan '58 and last saw him alive on 1957 Death occurred at 445 1/2 Ave m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE R.P. Ladecum MD (Degree or title) | 22b. ADDRESS 16 R. 10th Columbia | 22c. DATE SIGNED 13 Jan 58 |

| | | | |
|---|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/13/1958 | 23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery | 23d. LOCATION (City, town, or county) (State) Ashland, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle, Columbia, Mo. | | 25. DATE RECD. BY LOCAL REG. Jan. 13 1958 | 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MAY 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~or~~ by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Spence*

Licensed Embalmer No. *401*

P. O. Address *Columbus*

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.