

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008675

STATE FILE NUMBER

FILED MAR 25 1959

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 58

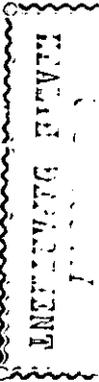
1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Harrisonville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Peculiar <i>6190</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harrisonville Memorial		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) (none) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLA Middle MAY Last BURNEY			4. DATE OF DEATH Month March Day 14 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Jackson Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME A. A. Drake	
13b. MOTHER'S MAIDEN NAME Mary Catherine Boten		14. NAME OF HUSBAND OR WIFE Claud Burney	
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. none	17. INFORMANT Robert R. Burney Address K. C. 33, Mo. 7911 James A. Reed Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation DUE TO (b) Coronary Occlusion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Peculiar, Mo.		20f. COUNTY Cass STATE Missouri	
21. I attended the deceased from March 1 1959 to March 14 1959 and last saw her/him alive on 3-14-59 Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward S. Jundt (Degree or title)		22b. ADDRESS Harrisonville, Mo.	22c. DATE SIGNED 3-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 16, '59	23c. NAME OF CEMETERY OR CREMATORY Peculiar Cemetery	23d. LOCATION (City, town, or county) (State) Peculiar, Mo.
24. FUNERAL DIRECTOR E. K. George & Sons ADDRESS Belton, Mo.		25. DATE RECD. BY LOCAL REG. 3-18-59	26. REGISTRAR'S SIGNATURE Mrs. Ray Sebee

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1962 2 13



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 *Richard E. Deane*

Licensed Embalmer No. *3958*

P. O. Address *Belta, Md*

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.