

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010773

STATE FILE NUMBER

2343

FILED MAR 20 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN Farmington <i>09410</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF BARNES HOSPITAL		d. STREET ADDRESS (If outside, give location) 114 E. Columbia	
3. NAME OF DECEASED (Type or print) First Middle Last VERRENA S. BURNETTE		4. DATE OF DEATH Month Day Year MARCH 5, 1959	
5. SEX Female	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 June 17, 1906
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Iron County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13. NAME OF FATHER'S NAME Orvis Lashley	
13a. FATHER'S NAME Orvis Lashley		13b. MOTHER'S MAIDEN NAME Lucy Ann Bond	
14. NAME OF HUSBAND OR WIFE Andrew Burnette		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 Address Andrew Burnette, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF VERTEBRAL ANEURYSM, ETIOLOGY UNKNOWN			INTERVAL BETWEEN ONSET AND DEATH 13 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 452X			
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. INJURY OCCURRED WHILE AT <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 FEB. 20, 1959 to MARCH 5, 1959 and last saw her alive on MARCH 5, 1959 Death occurred at 1:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>C. J. Nemellia, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	
		22c. DATE SIGNED 3/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-6-1959	
23c. NAME OF CEMETERY OR CREMATORY Hillview Mem. Cenet.		23d. LOCATION (City, town, or county) (State) Farmington, Mo.	
24. FUNERAL DIRECTOR Cozean, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. MAR 6 '59	
		26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 1 1950

RECEIVED

YS MAY 24 1961

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 *Clarence M. Billo*

Licensed Embalmer No. *4375*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.