

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014499
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		c. CITY OR TOWN <u>Lexington 0542</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray Co. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>902 South 9th</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Marion Frances Burnett</u>			4. DATE OF DEATH Month Day Year <u>April 12, 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 8, 1873</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming Ray Co. Missouri</u>	11. BIRTHPLACE (City and state or country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Burnett</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Lee Burnett</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Oscar Burnett</u>	Address <u>Richmond, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pulmonary Embolism</u>	<u>10 Min.</u>	
	DUE TO (c) <u>Fractured Left Hip</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from <u>5/10/58</u> to <u>4/12/59</u> and last saw him alive on <u>4/11/59</u> Death occurred at <u>12:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. O. J. ...</u>	22b. ADDRESS <u>Wellington, Missouri</u>	22c. DATE SIGNED <u>4/14/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/14/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Quest-Life Funeral Home</u> <u>Richmond, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>4-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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1-57

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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 *Mavis D. Basley*

Licensed Embalmer No. *4887*

P. O. Address *Richmond, 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.