

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014811
STATE FILE NUMBER

FILED VS APR 25 1960 128 Primary Registration District No. 2000 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 4 DAYS	c. CITY OR TOWN ASH GROVE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last BURNEY			4. DATE OF DEATH Month APRIL Day 17 Year 1960			
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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 9 18 1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (City and state or country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME W. L. COWAN	13b. MOTHER'S MAIDEN NAME MAXIMILLIA BULLINGTON	14. NAME OF HUSBAND OR WIFE D. E. BURNEY
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT CLYDE BURNEY	Address EVERTON MO. R1
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchopneumonia		7-8 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Diabetic Acidosis + Coma	1 week
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 SPRINGFIELD, MO.	COUNTY GREENE	STATE MO.
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21. I attended the deceased from **4-13-60** to **4-17-60** and last saw her ^{her} alive on **4-16-60**
Death occurred at **3:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold H. Lucie, M. D.	(Profession or title)	22b. ADDRESS 609 Cherry Springfield, Mo.	22c. DATE SIGNED 4/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 19 1960	23c. NAME OF CEMETERY OR CREMATOR SINKING CREEK CEM.	23d. LOCATION (City, town, or county) NEAR EVERTON MO.
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24. FUNERAL DIRECTOR J. W. Buch	ADDRESS ASH GROVE MO.	25. DATE RECD. BY LOCAL REG. 4-20-60	26. REGISTRAR'S SIGNATURE Effie E Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard E. Wat

Licensed Embalmer No. 465

P. O. Address Ash Grove

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.