SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047917
STATE FILE NUMBER

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 7

FILED JAN 17 1962

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston — Length of stay in Ib 24 Hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co.Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mountain Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle ALBERT Last BURNEY
4. DATE OF DEATH Month December Day 25, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/30/1885
9. AGE (last birthday) 76 Yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister of hte Gospel
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Wright County, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Sa muel Albert Burney
13b. MOTHER'S MAIDEN NAME Louise Tennessee Brown
14. NAME OF HUSBAND OR WIFE Walcie Pettit Burney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Claud Burney - Mtn.Grove, Missouri Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-24-61, to 12-25-61 and last saw ~~him~~ him alive on 12-24-61
Death occurred at 7:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Craig (Degree or title) MD
22b. ADDRESS Mountain Grove Mo
22c. DATE SIGNED 12-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/28/1961
23c. NAME OF CEMETERY OR CREMATORY Cold Springs Cemetery
23d. LOCATION (City, town, or county) (State) Wright County, Missouri

24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home - Mtn.Grove, Mo
25. DATE RECD. BY LOCAL REG. 1-12-62
26. REGISTRAR'S SIGNATURE Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. SHOULD READ — 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3161

P. O. Address Mt. Grove, M

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.