MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027772
STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 152

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE — Length of stay in 1b 8 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MILLER'S REST HOME — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN CHILLICOTHE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 423 CLAY ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GROVER Middle CLEVELAND Last BURNER
4. DATE OF DEATH: Month JULY Day 19 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/7/1884
9. AGE (last birthday): 77 — 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): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): BLUE MOUND, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: SAMUEL BURNER
13b. MOTHER'S MAIDEN NAME: LAURA HAYNES
14. NAME OF HUSBAND OR WIFE: CHRISTINE M. NEWTON

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.: NONE
17. INFORMANT: WALTER BURNER — Address: 3007 E. 57 Terr. N. Kansas City 19, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
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 1961, to 7-19-1962 and last saw her/him alive on 7-18-62
Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] DO
22b. ADDRESS Chillicothe Mo
22c. DATE SIGNED 7-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7/21/62
23c. NAME OF CEMETERY OR CREMATORY: BLUE MOUND CEMETERY
23d. LOCATION (City, town, or county) (State): BLUE MOUND, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: NORMAN FUNERAL HOME: Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG.: July 20, 1962
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

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.