

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0013454

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

MRF FILED 23 64

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 277

VS 300
Rev. 4/59

1 1010

2 1010

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4 1

5 2

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7 0

8 2

9 1/2-1

10

11

12 9/18

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		c. CITY OR TOWN <u>Winona</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>May</u> Last <u>Burnett</u>		4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1964</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/15/85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Summersville, Mo.</u>
13a. FATHER'S NAME <u>Albert A. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah C. Schoemate</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Joe W. Burnett</u>		Address <u>#1 Winona, Mo.</u>	
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>BRONCHOGENIC CARCINOMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
20c. TIME OF INJURY Hour <u>6 A.</u> Month, Day, Year		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 <u>Winona, Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>Oct 26, 1963</u> to <u>March 12, 1964</u> and last saw her/him alive on <u>March 12, 1964</u> Death occurred at <u>6 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Benton Wilson</u> (Degree or title)		22b. ADDRESS <u>Eminence, Mo.</u>	
22c. DATE SIGNED <u>3-14-64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/14/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence Cem.</u>	
23d. LOCATION (City, town, or county) <u>Eminence, Missouri</u>			
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-21-1964</u>	
26. REGISTRAR'S SIGNATURE <u>Mobile Pech</u>			

USE BLACK INK OR TYPEWRITER RIBBON

0013434

MAR 30 1964

NO 08011100

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

Charles D. Partain

Licensed Embalmer No.

5187

P. O. Address

Mt. View, Md

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.