

Health, Welfare, Public Service
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Section, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7320

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Warren</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrenton, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Flat River</u> <u>0942</u> <u>0</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Katie Jane Home</u>		Length of stay in lb <u>1 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>River St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>Anna</u> Last <u>Burnia</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 24, 1885</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>6</u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Duties</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13. FATHER'S NAME <u>William Sales</u>			14. MOTHER'S MAIDEN NAME <u>Mary Beckel</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 Address <u>Mrs. Martha Gann, O'Fallon, 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>Verdict of Coroner's Jury.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Death due to fire at Katie Jane Home, about 2:35 P.M.</u> DUE TO (c) <u>Origin of fire undetermined.</u> <u>9/67</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>40</u>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>Burn of Katie Jane Home</u>		
20c. TIME OF INJURY Hour <u>2:35</u> a. m. <u></u> p. m. <u></u> Month, Day, Year <u>2-17-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Warrenton Home</u>		20f. CITY, TOWN, OR LOCATION <u>Warrenton, Warren Co</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. F. H. Krigger, Coroner</u>			22b. ADDRESS <u>Warrenton, Mo</u>		22c. DATE SIGNED <u>3-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mine La Motte Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mine La Motte, Mo.</u>
24. FUNERAL DIRECTOR <u>T. E. Pittman, Kentzville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	

(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

John Shubert

Licensed Embalmer No. 30

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.