

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44064

State File No.

Registration District No. 827

Primary Registration District No. 6089

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Rural, Clay Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 6 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Albert Burk

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Burk 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 29, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 3 26 hr. min.

9. Birthplace Lewis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Albert Burk

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Baidery

(b) Address 13 Northfield Ave

17. (a) Burial (b) Date thereof Dec. 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Price cemetery - Bucklin Mo

18. (a) Signature of funeral director E. Hayes 751

(b) Address Shelby, Mo

19. (a) 12/27/1940 (b) Ray Hamilton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. South of Shelbina, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25<sup>th</sup>  
year 1940 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Cause to fire death in Automobile accident he was driving Duration \_\_\_\_\_

Due to Head on collision

Due to Inquest deemed unnecessary

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations no PHYSICIAN \_\_\_\_\_

Of autopsy no Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 25-1940

(c) Where did injury occur? Clarence Shelby Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2-Mi East of Clarence Mo High Way #36

While at work? no (Specify type of place) (e) Means of injury Crushed Head

23. Signature Ray Hamilton (M. D. or other) Coroner 5

Address Bethel Mo Date signed 12-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-94

Date Filed JAN 13 1941

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 \_\_\_\_\_

Me, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed E Hayes

Licensed Embalmer No. 1437

P. O. Address Shepherd, Mo

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 this body is not embalmed, above space should be left blank.