

No. 300  
-10-47  
5-17-39  
PI 3906

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33590

FILED OCT 27 1948

State File No. \_\_\_\_\_

Registration District No. 236

Primary Registration District No. 5812

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Rural Moreau Tw'n  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 Mi. So. of Versailles  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 Yrs. years, months or days

3. (a) PRINT FULL NAME Wm Alfred Burke  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie Hamilton Burke alive 66 years  
6. (c) Age of husband or wife if  
7. Birth date of deceased Jan. 6 1884 18 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 9 11 hr. min.

9. Birthplace Morgan Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Gibson F. Burke

13. Birthplace Andrew Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Neil

15. Birthplace Mercer Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Burke

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Oct. 19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director J. L. Washburn  
Versailles, Mo.

(b) Address \_\_\_\_\_  
19. (a) 10-23-48 (b) J. L. Washburn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
(c) City or town Versailles Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 Mi. South  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th  
year 1948 hour 7 minute 45 a. m.

21. I hereby certify that I attended the deceased from July 31  
1948 to 10/16 1948;  
that I last saw him alive on 10/16 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Thrombosis) Duration \_\_\_\_\_

Due to Arteriosclerotic Heart Disease 4 years

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93F  
PHYSICIAN  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Lewis D. Cantor (M. D. or other) M.D.  
Address Gunn Clinic, Versailles, Mo. Date signed 10/20/48

RECEIVED  
District Health Officer No. 7,  
District File Number 9.48-1232  
Date Filed 10.26.48

OCT 27 1948

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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.....

Raymond Foster....., Registered Apprentice No. 212  
working under my personal supervision.

Signed H. T. Kimmel.....

Licensed Embalmer No. 1596

P. O. Address. Vernon, N.C.

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, fact should be so stated above.