S. No. 300
v. 10.48

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FILED FEB 4 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

49

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 17

**1. PLACE OF DEATH**
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico, Mo.
c. LENGTH OF STAY (In this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baker Nursing Home 4

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4131 Troost St.

**3. NAME OF DECEASED** (Type or Print): a. (First) Stella b. (Middle) L. c. (Last) Burk

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 21 1949

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb. 25, 1869
**9. AGE** (In years last birthday): 79 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Sundusky, Ohio
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Harvey Wolverton
**13b. MOTHER'S MAIDEN NAME**: Mary Emily Brainerd
**14. NAME OF HUSBAND OR WIFE**: Albert K. Burk

**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.**
**17. INFORMANT'S SIGNATURE OR NAME**: [illegible] ADDRESS: Mexico, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypotension — 7 years

DUE TO (c) Secondary anemia — 10 years

II. OTHER SIGNIFICANT CONDITIONS: —

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: — 29 3X
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): —
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): —
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: —
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* JAN/11, 1949, *to* JAN/21, 1949, *that I last saw the deceased alive on* JAN/16, 1949, *and that death occurred at* 2 30 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Thos. L. Dwyer, M.D.
**23b. ADDRESS**: Mexico, Mo.
**23c. DATE SIGNED**: 1/22/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Jan. 23, 49
**24c. NAME OF CEMETERY OR CREMATORY**: Mount Washington
**24d. LOCATION** (City, town, or county) (State): Jackson County, Mo.

**DATE REC'D BY LOCAL REG.**: Jan 23-1949
**REGISTRAR'S SIGNATURE**: Blanche Neely
**25. FUNERAL DIRECTOR'S SIGNATURE**: Earl E. Deck ADDRESS: Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 2-49-215
Date Filed FEB 2 1949

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 Ralph L. Hueston Jr., Student Embalmer No. 234, working under my personal supervision.

Student Ralph L. Hueston Jr.
Student Embalmer

Signed Earl E. Pruehl

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.