

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7376

State File No. _____

FILED APR 6 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LORANCE TWP</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LORANCE TWP</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR LUTESVILLE, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>TOM</u>			b. (Middle) _____			c. (Last) <u>BURKE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 49</u>		5. SEX <u>M. O. W.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>July 24 1885</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days <u>8 26</u>		IF UNDER 12 HRS. Hours Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>MASS.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>DOMINICK BURKE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KING</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA BURKE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>STELLA BURKE</u> ADDRESS <u>LUTESVILLE, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> ANTECEDENT CAUSES <u>Cardio-renal disease.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H201</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. Myers, D.O.</u>				23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>3-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-26-49</u>		REGISTRAR'S SIGNATURE <u>Willie Paulenburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE, Mo.</u>		_____			

RECEIVED

District Health Officer No. 4

District File Number 449-452

Date Filed 4-5-49

APR 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.