

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8893

No. 300
10.48

FILED MAR 25 1949

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>4248</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarcovie</u>		c. LENGTH OF STAY (in this place) <u>9 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarcovie</u>		49 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mill Lane Ave</u>				d. STREET ADDRESS (If rural, give location) <u>mo</u>				
3. NAME OF DECEASED (Type or Print) <u>Jesse T. Burks</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-49</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 3-1861</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 Hrs. Mins.		
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Iberia, mo</u>		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>L. Burks</u>		13b. MOTHER'S MAIDEN NAME <u>Julia McCubbin</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Burks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Belle Burks Sarcovie</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - lobar</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>						
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) <u>L.I.A.D.X</u>						
DUE TO (c) <u>Chronic myocarditis</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>July</u> , 19 <u>48</u> , to <u>10 Mar</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10 Mar</u> , 19 <u>49</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Herzog</u>			(Degree or title) <u>M.D.C</u>			23b. ADDRESS <u>Sarcovie, mo</u>		
23c. DATE SIGNED <u>15 Mar 49</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Sarcovie, mo</u>		DATE REC'D BY LOCAL REG. <u>Mar 15-1949</u>		REGISTRAR'S SIGNATURE <u>L. Z. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons Sarcovie mo</u>		

Per. A. Ferguson 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Saricope M

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.