

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19963

State File No. _____

49

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 001 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2215 Empire Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>1511 Sergeant Avenue</u>	
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>BURKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 17, 1859</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>2</u>	IF UNDER 10 MIN. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smelter Worker</u>	
11. BIRTHPLACE (State or foreign country) <u>Galway, Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Pat Burke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fenarty</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary E. Burke (deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-05-8484</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Burke 1511 Sergeant Ave. Joplin 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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES 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>Fracture Neck Left Trunk</u>	
19a. DATE OF OPERATION <u>June 18, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture (Anterior) Left Trunk</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>100 years</u> <u>30</u> <u>20</u> <u>Months</u>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <input checked="" type="checkbox"/> ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin, Jasper Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 25 1949 6 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell over log at home</u>	
22. I hereby certify that I attended the deceased from <u>Sept 1949</u> , to <u>June 20, 1949</u> , that I last saw the deceased alive on <u>June 18, 1949</u> , and that death occurred at <u>4:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Schult</u>		23b. ADDRESS <u>2100 Belg Joplin Mo</u>	
23c. DATE SIGNED <u>6-26-49</u>		24. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-20-49</u>	REGISTRAR'S SIGNATURE <u>James H. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary Joplin, Mo.</u>	

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

RECEIVED 6-27-49
Jasper County Health Office

County File Number 49-6-190

Date Filed 6-30-49

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 _____

Charles E. Frey

Student Embalmer No. 325

working under my personal supervision.

Signed Charles E. Frey
Student Embalmer

Signed Jesse Sullivan
Licensed Embalmer No. 4646

P. O. Address Joplin, 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.