

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21983

State File No. _____

FILED JUN 18 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1224

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>919 1/2 Church St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dorothy</u>	b. (Middle) <u>Leona</u>	c. (Last) <u>Burk</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 7, 1926</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James W. Glendinning</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Gaines</u>	14. NAME OF HUSBAND OR WIFE <u>Harold Burk</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.W. Glendinning, Hannibal, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>pericarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 mo</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
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22. I hereby certify that I attended the deceased from May 5, 1949, to May 16, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 6:10 p.m., from the causes and on the date stated above

23a. SIGNATURE (Deceased or title) <u>Dorothy Leona Burk</u>	23b. ADDRESS <u>624 W. Grand</u>	23c. DATE SIGNED <u>5/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-18-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 28 1950

JUN 18 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.

Student
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 8732

P. O. Address St. Louis

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.