

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29777

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. <u>58404</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour Mo Rt 4</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seymour</u>			
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 4</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Laura</u>		b. (Middle) <u>Eva</u>		c. (Last) <u>Burks</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>4</u>		(Year) <u>1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-8-1882</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Douglas County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Totten</u>		14. NAME OF HUSBAND OR WIFE <u>Left Burks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Left Burks, Seymour Mo Rt 4</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxic adenoma Thyroid</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>4 yrs</u> <u>251X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Refused operation</u>				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>Dec 12, 1948</u> , to <u>Sept 4, 1949</u> , that I last saw the deceased alive on <u>Aug 10, 1949</u> , and that death occurred at <u>1:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.R. Farthing M.D.</u>				23b. ADDRESS <u>Crack Mo</u>		23c. DATE SIGNED <u>9-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woods Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 21-49</u>		REGISTRAR'S SIGNATURE <u>Ueatal Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley, Jewell Bergman Seymour Mo</u>			

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

RECEIVED SEP 28 1949
District Health Officer
District File Number 1049-1074
Date Filed 10-10-49

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.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address *Fordland Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.