

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32938

State File No.

0.300
0.48

FILED OCT 27 1949

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mt. Pleasant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mt. Pleasant</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 4 Butler, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R.F.D. 4 Butler, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>Burk</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 17 - 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-17-1858</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 24 HRS. Hours Min. <u>0</u>
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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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion F. Lay</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri F. Greer</u>	14. NAME OF HUSBAND OR WIFE <u>Elliott Burk</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Seeley</u>	ADDRESS <u>R.F.D. Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 HOURS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>SENILITY</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from OCT. 17, 1949, to OCT. 17, 1949, that I last saw the deceased alive on OCT. 17, 1949, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Cooper</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>10-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Foster, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Oct. 19-49</u>	REGISTRAR'S SIGNATURE <u>Rendall Kersey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cubaer Underwood</u>	ADDRESS <u>Butler, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 9-49-128

Date Filed 10-26-47

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 Robert G. Steinbeck.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.