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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1949

State File No. 33542

BIRTH NO. 64248-49 REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 2000 Registrar's No. 980

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SPGFD. MO.</b>	
c. LENGTH OF STAY (In this place) <b>39 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2124 EAST AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED a. (First) <b>JOHNNY</b> b. (Middle) <b>WILSON</b> c. (Last) <b>BURKE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>Nov. 7, 1949</b>		9. AGE (In years last birthday) _____		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>EDGAR BURKE</b>		13b. MOTHER'S MAIDEN NAME <b>INES MORRIS</b>		14. NAME OF HUSBAND OR WIFE <b>✓</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EDGAR BURKE</b> ADDRESS <b>SPGFD. MO</b>	

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) <b>Intracranial hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Occiput posterior delivery</b> DUE TO (c) <b>of 10<sup>th</sup> baby in an older woman</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7:00</b>	

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) (Min.)		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 11-7-49, 1949, to 11-8-49, 1949, that I last saw the deceased alive on 11-8-49, 1949, and that death occurred at 8:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE <b>E. J. Schwartz M.D.</b> (Degree or title)		23b. ADDRESS <b>200 East Pershing, Springfield</b>		23c. DATE SIGNED <b>11-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-9-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEME.</b>	
		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>			
DATE REC'D BY LOCAL REG. <b>11-9-49</b>		REGISTRAR'S SIGNATURE <b>W. J. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Klingner &amp; Co</b> ADDRESS <b>Spfld. Mo</b>	

(Licensed Embalmer's Signature on Reverse Side)

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**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.....  
Student Embalmer

Signed

*May Rhodes*  
.....  
Licensed Embalmer No. *40719*  
.....  
P. O. Address *Springfield*  
.....

**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.