

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15720

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 20

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wright</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> |  |
| b. CITY, (If outside corporate limits, write RURAL and give township) <u>Mountain Grove,</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain Grove</u> <u>1141</u>                                     |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|  |                       |                        |   |
|--|-----------------------|------------------------|---|
| 3. NAME OF DECEASED<br>(Type of Print).<br>a. (First) <u>ROY</u> | b. (Middle) <u>E.</u> | c. (Last) <u>BURKE</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb</u> <u>7</u> <u>1950</u> |
|--|-----------------------|------------------------|---|

|                             |                               |   |                                      |   |                                    |  |
|-----------------------------|-------------------------------|---|--------------------------------------|---|------------------------------------|--|
| 5. SEX <u>Male</u> <u>0</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 1, 1873</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR<br>Months <u>0</u> | IF UNDER 48 HRS.<br>Days <u>6</u> Hours <u>   </u> Min. <u>   </u> |
|-----------------------------|-------------------------------|---|--------------------------------------|---|------------------------------------|--|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> |
|---|--|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>George Burke</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Flora Burke</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> <u>NO</u> | 16. SOCIAL SECURITY NO. <u>   </u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Flora Burke</u> | ADDRESS <u>Mountain Grove, Mo.</u> |
|---|------------------------------------|--|------------------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, 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>Myocarditis - Chronic</u>  |  | <u>Not known</u>                 |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <u>Atherosclerosis</u> |  | <u>Not known</u>                 |
|  | DUE TO (c) _____   |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                        |  | <u>4521</u>                      |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Minute) | 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 5 July, 1949, to 7 Feb, 1950, that I last saw the deceased alive on 6 Feb, 1950, and that death occurred at 12:10 P. m., from the causes and on the date stated above.

|   |                                       |                                    |
|---|---------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0 M D.</u> | 23b. ADDRESS <u>Mountain Grove Mo</u> | 23c. DATE SIGNED <u>7 Feb 1950</u> |
|---|---------------------------------------|------------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-10-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PRITCHARD</u> | 24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u> |
|---|--------------------------|---|--|

|   |   |   |                               |
|---|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>4-27-50</u> | REGISTRAR'S SIGNATURE <u>A. B. Ames</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>I GRABLE-WINDLE</u> | ADDRESS <u>MTN GROVE, MO.</u> |
|---|---|---|-------------------------------|

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

1141

RECEIVED MAY 2 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number SSD-56  
Date Filed 5-6-50

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wright Co. 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.