

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31466

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 307

941  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>	
c. LENGTH OF STAY (in this place) <b>2 wks</b>		d. STREET ADDRESS (If rural, give location) <b>623 Overton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Paul</b>	b. (Middle) <b>Tom</b>	c. (Last) <b>Burka</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 16 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 2, 1900</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>14</b>	Hours <b>0</b>	Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chiropractor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Cyrene, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James C. Burka</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Lindsey</b>	14. NAME OF HUSBAND OR WIFE <b>Reva Burka</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Paul T. Burka, Farmington, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia Bilateral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>  <b>8 wks</b>  <b>491X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Resi arterites nodosa</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min.)	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 Sept 3, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>Med. D.</b>	23b. ADDRESS <b>228 G. Columbia Farmington</b>	23c. DATE SIGNED <b>9-18-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cyrene, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 18, 1950</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Farmington, Mo.</b>	ADDRESS
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RECEIVED  
SEP 23 1950  
DISTRICT HEALTH OFFICE NO. 4  
File No.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Paul K. Deval

Licensed Embalmer No. 4170

P. O. Address Farmington, Md

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.