

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33054
Registrar's No. 23

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319

1. PLACE OF DEATH
a. COUNTY Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cooper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton City, Rural c. LENGTH OF STAY (in this place) 1 yr.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beaman, Route 1 Otterville Twp

d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 miles west Clifton City d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED
a. (First) LEE b. (Middle) OTIS c. (Last) BURKE

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 28, 1950

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

8. DATE OF BIRTH March 3, 1877 **9. AGE** (In years last birthday) 73 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days 25 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** Construction

11. BIRTHPLACE (State or foreign country) Illinois **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME True G. Burke **13b. MOTHER'S MAIDEN NAME** unknown **14. NAME OF HUSBAND OR WIFE** Mary Ballard Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** 317-12-0548 **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Elizabeth Cornelius **ADDRESS** 411 N. Hurley, Sedalia, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (d) 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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Home **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** R Beaman Cooper Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 28 AM 9:15 P. **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** Burned to death; house destroyed by fire

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M L Dieckroeger M.D. **23b. ADDRESS** Boonville Mo **23c. DATE SIGNED** 11/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 10/30/50 **24c. NAME OF CEMETERY OR CREMATORY** Crown Hill Cemetery **24d. LOCATION** (City, town, or county) (State) Sedalia, Mo.

DATE REC'D BY LOCAL REG. Oct 30-50 **REGISTRAR'S SIGNATURE** Hellie Mullett **25. FUNERAL DIRECTOR'S SIGNATURE** Wm. C. Currey **ADDRESS** Sedalia, Mo.

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

270
1

RECEIVED

11/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/8/50

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address S. Salicini, N.

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.