

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33391

State File No. ....

FILED OCT 22 1951

BIRTH NO. 00461-51 REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 75-

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

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY OR TOWN <b>Mountain View, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain View, Mo</b>	
c. LENGTH OF STAY (If in this place) <b>23 days</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Troy</b>	b. (Middle) <b>Dean</b>	c. (Last) <b>Burks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 8 1951</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>0</b> (Specify)	8. DATE OF BIRTH <b>Sept 15- 51</b>	9. AGE (In years last birthday) <b>##</b>	IF UNDER 1 YEAR Months <b>23</b>	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Springfield, Mo 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ben Burks</b>	13b. MOTHER'S MAIDEN NAME <b>Golda Hooberry</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ben Burks</b>	ADDRESS <b>Mtn View, Mo</b>
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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>Remature &amp; Inanition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't know</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	<b>7735</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 was dead when they brought them to office, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Admerius M.D. 0</b>	23b. ADDRESS <b>Mtn View Mo</b>	23c. DATE SIGNED <b>10-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 0</b>	24b. DATE <b>Oct 9 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Arroll Cem,</b>	24d. LOCATION (City, town, or county) (State) <b>Arroll Mo</b>
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DATE REC'D BY LOCAL REG. <b>10-12-51</b>	REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>	ADDRESS <b>Mtn View, Mo</b>
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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED **OCT 15 1951**  
Dist. File 10-27-1830  
Date Filed 10-17-51

*Not Embalmed*

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 .....  
Student Embalmer

Student Embalmer No: \_\_\_\_\_

Signed *John Stewart*

Licensed Embalmer No. 2576

P. O. Address *M. Stewart*

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.