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

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5874

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 56.

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville 0742
d. STREET ADDRESS (If rural, give location): 1506 East Halsey 0

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ALLEN c. (Last) BURKS, JR.
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 52
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 7/3/1900
9. AGE (In years last birthday): 51 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own account
11. BIRTHPLACE (State or foreign country): Pickering, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William A. Burks
13b. MOTHER'S MAIDEN NAME: Belle Tilson
14. NAME OF HUSBAND OR WIFE: Hazel Lamport Burks, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William W. Burks, Maryville, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 9 to 10 months

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 2040
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 16, 1951, *to* Jan. 22, 1952, *that I last saw the deceased alive on* Jan 22, 1952, *and that death occurred at* 6:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Jackson 0
(Degree or title): M. D.
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/24/52
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Maryville, Missouri

DATE REC'D BY LOCAL REG.: 3-1-52
REGISTRAR'S SIGNATURE: Dessa Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Signed.....
Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville 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.