

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **23481**
 BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **4541** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland, Mo.	
c. LENGTH OF STAY (in this place)		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) CATHERINE	c. (Last) BURKS	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Barnard	13b. MOTHER'S MAIDEN NAME Hayes	14. NAME OF HUSBAND OR WIFE C. J. Burks
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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) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME C. J. Burks	ADDRESS Fordland, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowning Thrombosis.		
	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	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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 9, 1951**, to **June 20, 1952**, that I last saw the deceased alive on **June 20, 1952**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. R. Schultz M.D.	23b. ADDRESS Fordland, Mo.	23c. DATE SIGNED 6/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-23-52	24c. NAME OF CEMETERY OR CREMATORY Fordland Cemetery	24d. LOCATION (City, town, or county) (State) Fordland, Mo
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DATE REC'D BY LOCAL REG. 6-23-52	REGISTRAR'S SIGNATURE John W. Good	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Terrell	ADDRESS Fordland, Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

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.....

W. K. FERRELL

working under my personal supervision.

Student Embalmer No. 444

Signed W. K. Ferrell
Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland 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.