THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39609

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 32

1. PLACE OF DEATH

a. COUNTY: Lawrence

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon

c. LENGTH OF STAY (In this place): 13 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Crawford

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steelville 0380

d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Aaron b. (Middle) Roy c. (Last) Burke

4. DATE OF DEATH (Month) (Day) (Year): Nov. 21, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-26-1900

9. AGE (In years last birthday): 52 — 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): Wood cutter

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (City and State or Foreign Country): Unknown

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dean Burke

13b. MOTHER'S MAIDEN NAME: Mary Hogan

14. NAME OF HUSBAND OR WIFE: Alice Burke

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 ADDRESS: Hospital record Mo. State San., Mt. Vernon, 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.

DUE TO (b): Chronic pyelonephritis at least 6 mo.

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**: 6000 — **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* Nov. 11, 1953, *to* Nov. 21, 1953, *that I last saw the deceased alive on* Nov. 21, 1953, *and that death occurred at* 8:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Kellweg M. D. — **23b. ADDRESS**: Mt. Vernon, Mo. — **23c. DATE SIGNED**: 11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 11-21-53 — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State): Steelville - Mo -

DATE REC'D BY LOCAL REG.: 11-21-53 — **REGISTRAR'S SIGNATURE**: Earl Hendrick 411 — **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: W. O. Fussell Funeral Home, Mt Vernon Mo

(Licensed Embalmer) (See 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 M

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed B. L. O. Fawcett

Licensed Embalmer No. 2201

P. O. Address Mt. Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.