

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

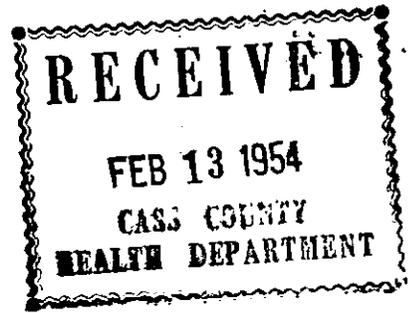
State File No. ....

521

FILED FEB 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>59</u>	PRIMARY REG. DIST. NO. <u>4097</u>	Registrar's No. <u>22</u>
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville Mo.</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> <u>0191</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>304 West Pearl</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLA</u>		b. (Middle) <u>LARRIMER</u>	c. (Last) <u>BURKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 - 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 7 - 1878</u>	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Center View Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Hugh Larrimer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Ball Gwantes</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Burke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. A. Burke Jr 304 West Pearl St. C. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIAL HYPERTENSION</u>		
		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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
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 AND INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1949</u> , to <u>6 Feb</u> , 1954, that I last saw the deceased alive on <u>6 Feb</u> , 1954, and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>O. J. Burgin</u>		(Degree of title) <u>M.D.</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>7 Feb 1954</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem</u>	24d. LOCATION (City, town, or county) (State) <u>South of Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-8-54</u>	REGISTRAR'S SIGNATURE <u>Nora Barward</u>	4971	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George E. Myers Cleveland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)



APR 14 1954

APR 15 1954

**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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.