

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27930**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 415

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY (If outside corporate limits, write RURAL and give town) **JOPLIN**
c. LENGTH OF STAY (in this place) **YEARS**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **1007 HILL STREET**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY **JASPER**
c. CITY OR TOWN **JOPLIN**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **1007 HILL ST. 0490**

3. NAME OF DECEASED (Type or Print)
a. (First) **MINERVA** b. (Middle) **FRANCES** c. (Last) **BURKE**
4. DATE OF DEATH (Month) (Day) (Year) **AUG. 14, 1954**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **FEB. 13, 1868** 9. AGE (In years last birthday) **86** If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **HOMEMAKING** 11. BIRTHPLACE (City and State or Foreign Country) **LEBANON, MISSOURI.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **R. S. HILL** 13b. MOTHER'S MAIDEN NAME **LUCENDA PRATT** 14. NAME OF HUSBAND OR WIFE _____

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **RALPH ASHWORTH, 126 WALNUT ST., JOPLIN** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Failure Due to Valvular Heart Disease**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **heart disease** DUE TO (b) **fractured right arm between elbow + shoulder**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 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) **4214** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 May 11, 1954, to Aug 14, 1954, that I last saw the deceased alive on July 28, 1954; and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deponent title) **James V. By** 23b. ADDRESS **210 West 3rd St. Joplin Mo** 23c. DATE SIGNED **Aug 16-1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **8-16-54** 24c. NAME OF CEMETERY OR CREMATORY **FOREST PARK CEMETERY** 24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **8-27-54** REGISTRAR'S SIGNATURE **James V. By** 25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY** ADDRESS **JOPLIN, MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 30 19
Jasper County Health Off
County File Number 54-8-
Date Filed AUG 30 19

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.....
Signature of Student Embalmer

Signed *F. M. Jones*.....
Licensed Embalmer No. *231*.....

P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.