

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Casper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcox Mo</u>		c. CITY OR TOWN <u>Sarcox</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Mo</u> <u>0490</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Belle P.</u> b. (Middle) <u>Burks</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17-54</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-30-1868</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Osage Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Gustav Poncot</u>	13b. MOTHER'S MAIDEN NAME <u>Estelle Danner</u>	13. NAME OF HUSBAND OR WIFE <u>Jesse T Burks - Dec</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Mooneyhan</u>	ADDRESS <u>Republic 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>  <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	--

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) <u>4201</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 DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from 1 Jan, 1950, to 17 Oct, 1954, that I last saw the deceased alive on 15 Oct, 1954, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leroy Simmons M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>1201 Center St Sarcox, Mo</u>	23c. DATE SIGNED <u>18 Oct 54</u>
--	-------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>	24d. LOCATION (City, town, or county) (State) <u>La Russell Mo</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-21-54</u>	REGISTRAR'S SIGNATURE <u>Edw Clinton</u>	139-	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons</u>	ADDRESS <u>Sarcox Mo</u>
--	--	------	--	--------------------------

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

0490

Date Filed U.C. 2 / 1954

(1) (Name) (2) (Address) (3) (City) (4) (State) (5) (Zip)		(6) (Date of Death) (7) (Cause of Death) (8) (Place of Death)	
(9) (Name) (10) (Address) (11) (City) (12) (State) (13) (Zip)		(14) (Date of Embalming) (15) (Place of Embalming)	

**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. Me working under my personal supervision..

Student.....  
 Signature of Student Embalmer

Signed Wm K Jackson  
 Licensed Embalmer No. 393  
 P. O. Address Sarcady

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.