

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31348**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5714** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY McDonahd		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY McDonahd	
b. CITY OR TOWN PINEVILLE	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN PINEVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 2600	

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) HAROLD c. (Last) BURKS			4. DATE OF DEATH (Month) (Day) (Year) 9-17-1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 23-1894	9. AGE (in years last birthday) 61	10. UNDER 1 YEAR (Months) (Days) 9 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GROVE OKLA	
13a. FATHER'S NAME LOUIS BURKS		13b. MOTHER'S MAIDEN NAME Abie E. FIFE		14. NAME OF HUSBAND OR WIFE MARY BURKS	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W I		16. SOCIAL SECURITY NO. 487-38-8932		17. INFORMANT'S SIGNATURE OR NAME MARY BURKS	
				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Sudden
	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"/>	
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. Humphrey J. Coover (Degree or title)		23b. ADDRESS Noel Mo.		23c. DATE SIGNED 9-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-20-1956		24c. NAME OF CEMETERY OR CREMATORY CEM PINEVILLE	
				24d. LOCATION (City, town, or county) (State) Mo	

DATE REC'D BY LOCAL REG. 9-20-56		REGISTRAR'S SIGNATURE Mary Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE K.M. Humphrey	
				ADDRESS Pineville Mo.	

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

423

1957 4 1957 839!

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 *Mayne E. Humphrey*

Licensed Embalmer No. *4262*

P. O. Address *Princeton*

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.