

FILED JUL 5 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20090

STATE FILE NUMBER

 Registration District No. 42 Primary Registration District No. I000 Registrar's No. 693

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE, Missouri		b. COUNTY Buchanan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home 110 So. 10th St.		Length of stay in 1b 35 yrs		c. CITY OR TOWN St. Joseph		d. STREET ADDRESS 3411 Ferndale Ave.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. RESIDE ON FARM	
First NELLIE		Middle RUTH		Last BURKE		Month Day Year June 21 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 9, 1892	
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Logan Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME William Logan				14. MOTHER'S MAIDEN NAME Livina Patterson			
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. None		17. INFORMANT Mrs. Jess Smith Address Omaha, Nebr.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with left Ventricular Failure.							INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4/2/57</u> to <u>6/21/57</u> and last saw her alive alive on <u>6/20/57</u> Death occurred at <u>1:00P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Samuel M. D.				22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Missouri		22c. DATE SIGNED 6/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-22-57		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Hamer Funeral Home ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. July 1, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
1-56Health,
Welfare
Public
Service

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 *Charles E. Bennett*

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.