

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27190**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **4504** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ADVANCE</b>		c. CITY OR TOWN <b>ADVANCE</b>	
c. LENGTH OF STAY (in this place) <b>-</b>		d. 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 <b>-</b>		STREET ADDRESS (If rural, give location) <b>-</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JANE</b> b. (Middle) <b>BELLE</b> c. (Last) <b>BURKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 27, 1957</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 29, 1867</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>89</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. TELEPHONE OPERATOR - TELEPHONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MISSOURI</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>DANIEL B. JENNINGS</b>	13b. MOTHER'S MAIDEN NAME <b>JANE OAKS</b>	14. NAME OF HUSBAND OR WIFE <b>J. W. BURKS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NOT KNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CECIL GREENWOOD, ADVANCE, MO.</b>	ADDRESS <b>ADVANCE, MO.</b>
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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) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4222</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April**, 1957, to **May 27**, 1957, that I last saw the deceased alive on **May 26**, 1957, and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. C. Masters</b>	(Degree or title) <b>DO.</b>	23b. ADDRESS <b>Advance Mo.</b>	23c. DATE SIGNED <b>May 31, 1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5/30/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MORGAN MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ADVANCE, MO</b>
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DATE REC'D BY LOCAL REG. <b>6/5/57</b>	REGISTRAR'S SIGNATURE <b>Bernice Moore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Lloyd B. Moore, Jr.</b>	ADDRESS <b>Advance, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W<sup>m</sup> H Morgan* .....  
Licensed Embalmer No. *4640*

P. O. Address *Adventu* .....

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.