

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27309

State File No.

FILED AUG 1 1957

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural East Dallas</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fardland</u>	
c. LENGTH OF STAY (In this place)		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fardland Rt 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>Clive</u> c. (Last) <u>BURKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb-18-1903</u>		9. AGE (In years last birthday) <u>54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Webster Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jess Burks</u>		13b. MOTHER'S MAIDEN NAME <u>Nash</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Burks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Blanche Burks Fardland 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock of Excessive Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amputation of Right Leg</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? <u>2</u> 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.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>1123 Webster Missouri</u> (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 8 1957 3Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Right leg caught in Hay Bale</u>	

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 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Flويد Ривс Acting Coroner</u>		23b. ADDRESS <u>Marshfield, Mo</u>		23c. DATE SIGNED <u>7-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-11-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fardland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fardland, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lynn Furrell Fardland Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-22-57</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good</u>			

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Don L. Jewell

Signed.....

Student Embalmer

Licensed Embalmer No. 4847

P. O. Address Manfield, N.J.

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 this body is not embalmed, fact should be so stated above.