

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

5687 STATE FILE NUMBER

41064

Registration District No. 184 Primary Registration District No. 3058 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Versailles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brookfield Township</u> Length of stay in 1b <u>1 month</u>		d. STREET ADDRESS (If outside, give location) <u>Just outside city</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Jessie</u> First <u>Vernon</u> Middle <u>Burk</u> Last	4. DATE OF DEATH <u>November 20, 1957</u> Month <u>November</u> Day <u>20</u> Year <u>1957</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1882</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (City and state or country) <u>Modena, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	--

13. FATHER'S NAME <u>Jacob Riley Hamilton</u>	14. MOTHER'S MAIDEN NAME <u>Jane Ann Horton</u>
---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	INFORMANT <u>Mrs. Mildred Brooksman, Brookfield, Mo.</u> Address <u>Brookfield, Mo.</u>
---	-------------------------------------	---

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 D.A.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterial Sclerosis.</u>	<u>1 yr.</u>
	DUE TO (c) <u>Myocardial Heart Disease.</u>	<u>5 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Coronary Heart Disease</u>		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.)
---	--

20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>	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>D.O.A.</u> to <u>None</u> and last saw her alive on <u></u> Death occurred at <u>12:50</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>R. W. Bohner, M.D.</u> (Degree or title)	22b. ADDRESS <u>Brookfield, Mo.</u>	22c. DATE SIGNED <u>11/21/57</u>
--	-------------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 21, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	23d. LOCATION (City, town, or county) <u>Versailles, Missouri</u> (State)
---	--------------------------------	---	---

24. FUNERAL DIRECTOR <u>J. W. Blacklock, Brookfield, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11/21/57</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 67-

MAR 1 1961

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 *Gerald J. Wady*

Licensed Embalmer No. 4112

P. O. Address *Brown*

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.