

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43934

STATE FILE NUMBER

Registration District No.

101

Primary Registration District No.

4173

Registrar's No.

68

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Ava		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Martha Viola Burke			4. DATE OF DEATH Month Day Year Dec. 16 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Nov. 3, 1878		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Douglas Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andy F. Milsap		13b. MOTHER'S MAIDEN NAME Jane		14. NAME OF HUSBAND OR WIFE Henry Burke	
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 Address Reba King, Ava, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration					INTERVAL BETWEEN ONSET AND DEATH
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 ☐ NO ☒
20a. ACCIDENT - SUICIDE - HOMICIDE ☐ ☐ ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART-I or PART-II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐		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 3-25-47 to 12-16-57 and last saw her alive on 12-3-57 Death occurred at 7: P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. C. P. Harker D.O.		(Degree or title)		22b. ADDRESS Ava Mo.	
22c. DATE SIGNED 12-19-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-22-57		23c. NAME OF CEMETERY OR CREMATORY Ava	
23d. LOCATION (City, town, or county) Ava, Missouri		(State)			
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-27-57	
26. REGISTRAR'S SIGNATURE Vestel Bashman					

JAN 2 1958

896' 0 T 833'

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 R. Fisk*

Licensed Embalmer No. *4662*
P. O. Address *Ada, Mo.*

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.