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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031718
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 414

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University — Length of stay in 1b: 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Versailles 0710 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Kidwell Nursing Home — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Hansford Middle: Owens Last: Burks
4. DATE OF DEATH: Month 9 Day 15 Year 58
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 1-2-76
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Miller County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Samuel Owens Burks
14. MOTHER'S MAIDEN NAME: Eliza Jane McComb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Patients Hospital Record Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anterior Coronary Thrombosis (+ Cardiac Infarction)
DUE TO (c) Arteriosclerotic Heart Disease 4200 F
INTERVAL BETWEEN ONSET AND DEATH: 12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Intertrochanteric fracture of left hip 25 Aug 58 + open reduction of " " " " " 3 Sept 58
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.) Pt. fell down in nursing home in Versailles, Mo. History from patient unreliable because of chronic brain syndrome due to arteriosclerosis.
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year: Aug 25, 1958
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Nursing home
20f. CITY, TOWN, OR LOCATION: Versailles COUNTY: STATE: Mo.
21. I attended the deceased from 27 Aug 1958 to 15 Sept '58 and last saw him alive on 15 Sept '58
Death occurred at 7 05 PM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John L Holmes, M. D.
22b. ADDRESS: Univ. Missouri Med. Center 803 Stadium Road, Columbia
22c. DATE SIGNED: 15 Sept '58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 18th '58
23c. NAME OF CEMETERY OR CREMATORY: Eugene Cemetery
23d. LOCATION (City, town, or county) (State): Eugene, Missouri
24. FUNERAL DIRECTOR: Tanner Service ADDRESS: Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG.: Sept 17, 1958
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

31
0

SEP 30 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman

Licensed Embalmer No...462

P. O. Address..Jefferson C
Missouri

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.