Health, & Welfare Public Service 20 S. 300 1-57

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035302
STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST BENTON — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND MO RT 2 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY WEBSTER
c. CITY OR TOWN FORDLAND 1120 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) ROUTE 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARTHA Middle Last BURKS
4. DATE OF DEATH Month SEPT Day 19 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH FEB-15-1889
9. AGE (In years last birthday) 69 — 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) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) OZARK CO MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ED. BURKS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Ed Burks Address Fordland, MO

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) Adenocarcinoma pancreas — INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 157X
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. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-1-58, to 8-18-58 and last saw her/him alive on 8-18-58
Death occurred at 7:00 PM Sept 19, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bentley (Degree or title) MD
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 9-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Sept-22-1958
23c. NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
23d. LOCATION (City, town, or county) (State) WEBSTER CO MO

24. FUNERAL DIRECTOR Kelley-Ferrell-Conner ADDRESS FORDLAND MO
25. DATE RECD. BY LOCAL REG. Sept 26-1958
26. REGISTRAR'S SIGNATURE Opal M. Good

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 26 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 ..... Signed Wm K. Ferrell
Signature of Student Embalmer

Licensed Embalmer No. 4910
P. O. Address Rogersville, Ala

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.