Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016736
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): COLUMBIA — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Univ. Med. Center — Length of stay in 1b: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Ulman — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 0660 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MARTHA Middle: BURKS Last: Long
4. DATE OF DEATH: Month 6 Day 3 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10-27-1885
9. AGE (In years last birthday): 73 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Miller County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Milton Burks
13b. MOTHER'S MAIDEN NAME: Adeline Starks
14. NAME OF HUSBAND OR WIFE: —
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.: 489-20-2113
17. INFORMANT: Hospital Record — Address: Univ. Med. Center Columbia Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH: 1-2 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): RHEUMATIC HEART DISEASE — SEVERAL YEARS
~~DUE TO (c)~~: AORTIC STENOSIS, MITRAL INSUFFICIENCY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 410X
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 6/3/59, to 6/3/59 and last saw her alive on 6/3/59
Death occurred at 1120 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J S Sandes (Degree or title) M.D.
22b. ADDRESS: Univ. of Mo, Med Center
22c. DATE SIGNED: 6/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-6-59
23c. NAME OF CEMETERY OR CREMATORY: Goff
23d. LOCATION (City, town, or county): ULMAN (State): MO.

24. FUNERAL DIRECTOR: Louis D. Phillips — ADDRESS: Eldon, Mo
25. DATE RECD. BY LOCAL REG.: June 4 1959
26. REGISTRAR'S SIGNATURE: Mrs. R E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lewis D. Phillips
by Keith Bolt

Licensed Embalmer No. 3663

P. O. Address Eclelan

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.