

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022006
STATE FILE NUMBER

FILED JUL 13 1958 Registration District No. 169 Primary Registration District No. Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN Edina	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 052 c	
Length of stay in lb 19 yrs		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CARRIE Middle AMICITY Last BURK			4. DATE OF DEATH Month July Day 6 Year 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 16, 1882	9. AGE (In years at birthday) 76	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done, even if retired) Homekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elijah Hudnut	13b. MOTHER'S MAIDEN NAME Laura Jane Rudicill	14. NAME OF HUSBAND OR WIFE William Burnett Burk
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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. unk	17. INFORMANT Willie Burk	Address Elmhurst, Ill
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Immediate
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) 4201		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 Edina, Mo	COUNTY Knox	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **3:30 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Phillips D.O.	(Degree or title)	22b. ADDRESS Edina, Mo	22c. DATE SIGNED 7-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9 July '59	23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	23d. LOCATION (City, town, or county) (State) Edina, Missouri
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24. FUNERAL DIRECTOR Hudson Funeral Home	ADDRESS Edina, Mo.	25. DATE RECD. BY LOCAL REG. July 9-59	26. REGISTRAR'S SIGNATURE Nelle S. Humatt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

S. 300
1-57

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MS JUL 14 1959

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 *AG Rimer*

Licensed Embalmer No. *5041*

P. O. Address *Edina, Me*

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.