

I DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 7 1959

59-024693

Registration District No. 114 Primary Registration District No. 52374 Registrar's No. 5232 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MERAMEC		Length of stay in 1b 8 YRS		c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) R.R.2		
3. NAME OF DECEASED (Type or print) First ORA Middle B Last BURKE				4. DATE OF DEATH Month AUGUST Day 2 Year 1959			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 2 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months 9 Days 0 Hours Min. 	
11. BIRTHPLACE (City and state or country) MARQUAND, Mo.				12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME HENRY MASTERS			13b. MOTHER'S MAIDEN NAME LOUISE			14. NAME OF HUSBAND OR WIFE DAVID 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.		17. INFORMANT DAVID BURKE, SULLIVAN, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis yes DUE TO (c) Hypertension yes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 30 minutes yes	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 SULLIVAN				COUNTY FRANKLIN		STATE MISSOURI	
21. I attended the deceased from 1950 to 1959 and last saw her/him alive on 8/2/59 Death occurred at 5:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dea. Irene M. Sullivan				22b. ADDRESS Sullivan, Mo		22c. DATE SIGNED 8/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 5, 1959		23c. NAME OF CEMETERY OR CREMATORY WHITNER CEM.		23d. LOCATION (City, town, or county) (State) MARQUAND MO	
24. FUNERAL DIRECTOR Meator Sullivan, Mo.				25. DATE RECD. BY LOCAL REG. 8-7-59		26. REGISTRAR'S SIGNATURE Thomas C. Dunder	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison M. Eator

Licensed Embalmer No. 4192

P. O. Address Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.