

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025976

FILED VS AUG 4 1959

Registration District No. all Primary Registration District No. 4324 Registrar's No. 28-59 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ulman		Length of stay in lb		c. CITY OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ellen Middle Burks Last Burks				4. DATE OF DEATH Month July Day 16 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-28-1871	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	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		11. BIRTHPLACE (City and state or country) Ulman, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME James M. Cooper			13b. MOTHER'S MAIDEN NAME Lou Graham			14. NAME OF HUSBAND OR WIFE Deceased			
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. 493-28-8206		17. INFORMANT Address Ida D. Nixdorf Ulman, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis Colou DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yr		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.	Month, Day, Year								
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		COUNTY		STATE	
21. I attended the deceased from 11:57 to JULY 19 1959 and last saw her alive on JULY 10, 1959 Death occurred at 11 O'clock A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M. E. Humphreys D.O.				22b. ADDRESS Tuscumbia, Mo.			22c. DATE SIGNED 7-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-28-1959	23c. NAME OF CEMETERY OR CREMATORY Tuscumbia Cemetery		23d. LOCATION (City, town, or county) Tuscumbia Mo.				
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Homes Iberia, Mo.				25. DATE RECD. BY LOCAL REG. July 21, 1959		26. REGISTRAR'S SIGNATURE Mrs. M. E. Kallenbach			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 5

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 Walter P. Hedge

Licensed Embalmer No. 426

P. O. Address Sperry, Mo.

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.