

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959 **353**

Willie Mae of Licking

59-031245

STATE FILE NUMBER

Registration District No. **15** Primary Registration District No. **61 96** Registrar's No. **15**

INDEXED

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Licking		c. CITY OR TOWN Licking	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last Alexander Burke			4. DATE OF DEATH Month Day Year Aug 18 1959		
5. SEX m	6. COLOR OR RACE w	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-1878	9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minor		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining		11. BIRTHPLACE (City and state or country) Wilkes Barre Penn. USA	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Chas Burke		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE Christine Burke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 332-07-8261A	
17. INFORMANT Christine Burke		17. ADDRESS Licking MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac + pulmonary arrest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Coronary occlusion		Instant
DUE TO (c) Coronary thrombosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semibility		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 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 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 **Death on arrival** and last saw her/him alive on **11:40 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.J. Myers D.O. (Degree or title)		22b. ADDRESS Licking, MO		22c. DATE SIGNED 8-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-20-59	23c. NAME OF CEMETERY OR CREMATORY Licking Cen	23d. LOCATION (City, town, or county) Licking MO (State)	
24. FUNERAL DIRECTOR Smith-Ferguson		ADDRESS Licking		DATE RECD. BY LOCAL REG. Aug 23, 1959
		25. REGISTRAR'S SIGNATURE Mrs. E. Hara Nasse		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17

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 Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Lehigh

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.