

pt. Health,
, & Welfare
S. Public
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FILED VS SEP 27 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-035519

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 68

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Lineville Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN South Lineville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Oakie Gloschen Home		Length of stay in lb 5 yrs.	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 James Middle Milum Last Burk			4. DATE OF DEATH Aug. 17, 1960 Month Day Year		
5. SEX Male	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 Apr. 18, 1889	9. AGE (In years last birthday) 71 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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Madison Burk		13b. MOTHER'S MAIDEN NAME Ida Zimmerman		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # I.		16. SOCIAL SECURITY NO. 500-07-7001	17. INFORMANT Address Mrs George Hoffman, Sedalia, 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) Acute Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis With Myocardial infarction					minutes
DUE TO (c) A teriosclerosis					4201 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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 COUNTY STATE	
21. I attended the deceased from Jan. 1960 to Aug. 17, 1960 and last saw her ^{him} alive on Aug 8/17/ 60 Death occurred at 6:10AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Geo. Hansman DO 2			22b. ADDRESS Mercer, Missouri		22c. DATE SIGNED 9/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Early Cemetry		23d. LOCATION (City, town, or county) (State) Mercer, Mo.
24. FUNERAL DIRECTOR Ames Greenlee		ADDRESS Lineville Iowa		25. DATE RECD. BY LOCAL REG. 9-21-60	26. REGISTRAR'S SIGNATURE Hoel

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 28 1960

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

Student
Signature of Student Embalmer

Signed *James L. Greenlee*

Licensed Embalmer No. *3967*

P. O. Address *Summerville, S.C.*

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.