

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040699

FILED VS NOV 15 1960

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pettis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u>		Length of stay in lb <u>1 day</u>	c. CITY OR TOWN <u>LAMONTE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>105 W. NORRIS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>BURKE</u> Last <u>BURKE</u>			4. DATE OF DEATH Month <u>11</u> Day <u>5</u> Year <u>1960</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1870</u>
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LAMONTE, MO.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>PRISCILLA HIGGINBOTHAM</u>
14. NAME OF HUSBAND OR WIFE <u>EDGAR P. BURKE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT <u>R.B. BURKE</u>		Address <u>LAMONTE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Collapse 2% pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			<u>10 yrs</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>			<u>25 yrs</u>
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 checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1954</u> to <u>1960</u> and last saw her <u>alive</u> on <u>11-5-60</u> . Death occurred at <u>3:20</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles A. Parker, M.D.</u>		22b. ADDRESS <u>Sweet Springs, Mo.</u>	22c. DATE SIGNED <u>11-7-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAMONTE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LAMONTE MISSOURI</u>
24. FUNERAL DIRECTOR <u>PARKER-MOORE</u>	ADDRESS <u>LAMONTE, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 7, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Manfred</u>

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

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte

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