

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **278-61-017895**

AMENDED

Registration District No. **746** Primary Registration District No. **4237** Registrar's No. **278**

FILED JUN 6 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN		Length of stay in 1b 18 Mos.	c. CITY OR TOWN RAYTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 9358 E 69th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 9358 E 69th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Reid Middle Burks Last Burks			4. DATE OF DEATH Month MAY Day 29 Year 1961
5. SEX Male	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 12-31-1884
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 76 Days 76	IF UNDER 24 HR Hours 76 Min. 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY INTERNATL HARVESTER	11. BIRTHPLACE (City and state or country) FAIRFAX, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. H. Burks	
13b. MOTHER'S MAIDEN NAME SARAH MAY		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. Mrs. Mary Ann Palmer 9358 E 69th St.	
17. INFORMANT Mrs. Mary Ann Palmer		Address 9358 E 69th St.	
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 coronary occlusion with 4 days myocardial infarction DUE TO (b) Admission to hospital had diarrhea. DUE TO (c) Stability 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 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 12:30 AM Month, Day, Year 5-29-61		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 5-27-61 to 5-29-61 and last saw him alive on 5-29-61 Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. Morris M.D.		22b. ADDRESS Raytown Clinic Raytown	22c. DATE SIGNED 5-29-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE May 31, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.
23d. LOCATION (City, town, or county) Mound City Mo.		23e. (State) Mo.	
24. FUNERAL DIRECTOR Hinton Funeral Home		ADDRESS Raytown, Mo.	25. DATE RECD. BY LOCAL REG. 5-31-61
26. REGISTRAR'S SIGNATURE Alba L. Craig			

JUN 7 1961

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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John P. Sidmo
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.