

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020664

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 3-8 Primary Registration District No. 5214 Registrar's No. 11

FILED JUN 30 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Johnson Twp</u>		Length of stay in 1b <u>TRANSIT</u>	c. CITY OR TOWN <u>DEXTER</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H. Way 600 - 5 mi. E. of Ellsinore</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>DEXTER</u>
3. NAME OF DECEASED (Type or print) First <u>ALVIE</u> Middle <u>LYNDELL</u> Last <u>BURKE</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>21</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-19-1935</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mills</u>	9. AGE (last birthday) <u>26</u>
11a. BIRTHPLACE (City and state or country) <u>Doniphan, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALVIE BURKE</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE Lamb</u>	14. NAME OF HUSBAND OR WIFE <u>Bobby Gene 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.	17. INFORMANT <u>ALVIE BURKE, DEXTER MO</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>Crushed Chest, Fractured Neck</u> DUE TO (b) <u>Pinned Beneath Truck Cab</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) <u>Truck Overturned, After Leaving Highway</u>	
20c. TIME OF INJURY Hour <u>6:20</u> Month, Day, Year <u>6-21-61</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 600 5 mi. E. Ellsinore</u>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>ELLSINORE</u>	COUNTY <u>CARTER</u> STATE <u>MO.</u>
21. I attended the deceased from <u>Death on arrival</u> and last saw her/him alive on _____ Death occurred at <u>6:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Colman McSpadden Coroner</u>		22b. ADDRESS <u>Van Buren, Mo.</u>	22c. DATE SIGNED <u>6-22-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-25-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PRASANT SITE</u>	23d. LOCATION (City, town, or county) (State) <u>CARTER, MO.</u>
24. FUNERAL DIRECTOR <u>McSpadden F. Home, Van Buren, MO</u>		25. DATE RECD. BY LOCAL REG. <u>June 24-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>

JUL 11 1967

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 Donald Sloan

Licensed Embalmer No. 5127

P. O. Address VAN BUREN,

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.