

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028330

AMENDED

Registration District No. 032Primary Registration District No. 4042Registrar's No. 34

STATE FILE NUMBER

FILED SEP 6 1961

1. PLACE OF DEATH

a. COUNTY

BOLLINGERb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LUTESVILLELength of stay in lb
1 MOc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BOND Nursing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

BOLLINGERc. CITY
OR TOWN LUTESVILLEInside Limits
Yes ☐ No ☒d. STREET
ADDRESS R.R.-GRASSY

(If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SARAH CAROLINE BURK4. DATE
OF DEATH

Month

Day

Year

8-22-1961

5. SEX

F.M.

6. COLOR OR RACE

W7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-17-87

9. AGE (last birthday)

83

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)

House

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

BOLLINGER County

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Jacob Sitze

13b. MOTHER'S MAIDEN NAME

SARAH Lutes

14. NAME OF HUSBAND OR WIFE

FRANKLIN BURK15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Bessie Rickman, East Alton, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral HemorrhageConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH48 hrsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)6 SimilarityPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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

7/13/61to 8/22/61and last saw her alive on 8/22/61

Death occurred at

10:20 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Myers MD

22b. ADDRESS

Westerville Mo

22c. DATE SIGNED

8/26/6123a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

8-25-61

23c. NAME OF CEMETERY OR CREMATORY

BOLLINGER Co. Mem

23d. LOCATION (City, town, or county)

LUTESVILLE MO

24. FUNERAL DIRECTOR

ADDRESS

Gene Ward Lutesville Mo.

25. DATE RECD. BY LOCAL REG.

8-28-61

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

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 R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.