

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036134

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4070 Registrar's No. 53

AMENDED

FILED NOV 15 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Camden</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stoutland</u> | | Length of stay in 1b <u>life</u> | c. CITY OR TOWN <u>Stoutland</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>Residence</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>---</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u>-</u> Last <u>Burke</u> | 4. DATE OF DEATH Month <u>Oct</u> Day <u>31</u> Year <u>1961</u> |
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| 5. SEX <u>Male</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>Oct 20 1883</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Camden County Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Mark Burke</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Woolsey</u> | 14. NAME OF HUSBAND OR WIFE <u>Pearl (deceased)</u> |
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| 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>Floye Mooney Stoutland, Missouri</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u> |
| IMMEDIATE CAUSE (a) | <u>Chronic myocarditis</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | <u>cerebral vascular accident</u> | |
| DUE TO (b) | <u>Generalized arteriosclerosis</u> | |
| DUE TO (c) | | |
| 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> |
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| 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 <u>Stoutland</u> | COUNTY <u>Rural</u> | STATE <u>Missouri</u> |
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21. I attended the deceased from 1-31-61 to 10-31-61 and last saw ^{her} him alive on 10-14-61
Death occurred at 9:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>B B Hurst, MD</u> | (Degree or title) | 22b. ADDRESS <u>Lebanon, Missouri</u> | 22c. DATE SIGNED <u>11/2/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov 3, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highpoint Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Stoutland Rural Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Moss Williams</u> ADDRESS, <u>Stoutland, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>Nov 8-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Zelpha J. Draw</u> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.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.