

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011966

STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 2

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10660
20660

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 26 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Miller</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ulman</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1</u>		Length of stay in 1b		c. CITY OR TOWN <u>Ulman</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Rt. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LARVA ETTA BURKS</u>			4. DATE OF DEATH Month Day Year <u>Mar. 11, 1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-11-81</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Tuscumbia, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Milton Burks</u>		13b. MOTHER'S MAIDEN NAME <u>Adaline Stark</u>	
14. NAME OF HUSBAND OR WIFE		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>Ben Burks</u>		Address <u>Ulman, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>		DUE TO (b) <u>Rheumatic Hot Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Yes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c)		<u>Yes</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 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 a.m. p.m. Month, Day, Year		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>1947</u> to <u>3-11-62</u> and last saw her alive on <u>3-6-62</u> . Death occurred at <u>2:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ms. Humphrey D.O.</u>		(Degree or title)		22b. ADDRESS <u>Tuscumbia, Mo.</u>	
22c. DATE SIGNED <u>3-15-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-13-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Gott</u>		23d. LOCATION (City, town, or county) <u>Ulman, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u>		ADDRESS <u>Eldon</u>		25. DATE RECD. BY LOCAL REG. <u>March. 16 - 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>					

USE BLACK INK OR TYPEWRITER RIBBON

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

Louis W. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.