

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8072**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 31 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT
Rev. 4/59				
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12 84-0				
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84	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		Length of stay in lb 13 Days	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis Children's Hosp.		d. STREET ADDRESS (If outside, give location) 1103 No. Bridge Street	
3. NAME OF DECEASED (Type or print) First John Middle Wayne Last Burk		4. DATE OF DEATH Month 8- Day 17- Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Carbondale, Ill		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Donald Ray Burk		13b. MOTHER'S MAIDEN NAME Janice Kalert	
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. None	
17. INFORMANT Alice Trowbridge, 500 S. Kingshighway		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) Respiratory arrest			INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bacterial meningitis			21 Days
DUE TO (c) 340.3			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 8-4-62 to 8-17-62 and last saw him alive on 8-17-62		Death occurred at 2:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Francis M Henderson MD		22b. ADDRESS St. Louis, Mo 500 S. Kingshighway	
22c. DATE SIGNED 8-17-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/18/62	23c. NAME OF CEMETERY OR CREMATORY Oakland	
23d. LOCATION (City, town, or county) (State) Carbondale, Illinois			
24. FUNERAL DIRECTOR Wesley J. Van Natta		25. DATE RECD. BY LOCAL REG. AUG 20 1962	
ADDRESS Carbondale, Ill.		26. REGISTRAR'S SIGNATURE Edward Smith, M.D.	

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 Joe F. Van Natta, Student Embalmer No. ---
working under my personal supervision.

Student -----
Signature of Student Embalmer

Signed Joe F Van Natta

Licensed Embalmer No. 2897

P. O. Address 300 S. University
Carbondale, Illinois

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.