

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001971

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 1

FILED JAN 15 1963

VS 300
Rev. 4/59

17600

27600

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94201

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1290-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sm-A-Bar</u>		c. CITY OR TOWN <u>Blue Springs</u>	
Length of stay in 1b <u>6 Yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R #1 Box 137 Blue Springs</u>		d. STREET ADDRESS (if outside, give location) <u>R #1 Box 137 Blue Springs</u>	
3. NAME OF DECEASED (Type or print) First <u>LUCK</u> Middle <u>L</u> Last <u>BURKE</u>		4. DATE OF DEATH Month <u>1</u> Day <u>1</u> Year <u>63</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>7-24-1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City Kans</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>Charles Bouray</u>	
13b. MOTHER'S MAIDEN NAME <u>Monte Everitt</u>		14. NAME OF HUSBAND OR WIFE <u>Floyd 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. <u>823m7loyd Burke</u>	
17. INFORMANT <u>Blue Springs</u>		Address <u>Blue Springs</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac & Respiratory Failure</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Myocardial Infarction</u> 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 checked="" 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 Month, Day, Year a.m. p.m.		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 <u>12-27-62</u> to <u>1-1-63</u> and last saw her alive on <u>1-1-63</u> Death occurred at <u>1-1-63 12:20 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James H. Van</u> (Degree title)		22b. ADDRESS <u>Blue Springs, Mo</u>	
22c. DATE SIGNED <u>1-2-63</u>		23a. NAME OF CEMETERY OR CREMATORY: <u>Maple Hill Cem</u>	
23b. DATE <u>1-3-63</u>		23c. LOCATION (City, town, or county) (State) <u>Kansas City Kans</u>	
24. FUNERAL DIRECTOR <u>Mayfield</u> ADDRESS <u>Blue Springs, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-2-63</u>	
26. REGISTRAR'S SIGNATURE <u>W.D. Langford</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JAN 1 1968

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

Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.