

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021687

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 823

300
-57

6423

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		c. CITY OR TOWN <i>Clinton</i> 04220	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		d. STREET ADDRESS (If outside, give location) <i>West Franklin</i>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Mary Melinda Halsey Burk</i>			4. DATE OF DEATH Month <i>6</i> Day <i>16</i> Year <i>1958</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6-19-1872</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>27</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Bethesda Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Joseph E Dillard</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E Ellis</i>		14. NAME OF HUSBAND OR WIFE <i>char Burk</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Berulah Armons Clinton</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10-12 HRS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Circulatory Failure</i>		
	DUE TO (c) <i>Auricular Fibrillation 4331</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <i>0</i> YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> NOT WHILE 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 <i>June 14th</i> to <i>June 16th</i> and last saw her alive on <i>June 16th</i> Death occurred at <i>6:35 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Arthur Gonzales DO</i>			22b. ADDRESS <i>717 E. Jefferson, Clinton</i>		22c. DATE SIGNED <i>6-17-58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6/18/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Englewood Elm</i>		23d. LOCATION (City, town, or county) (State) <i>Clinton Mo.</i>	
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24. FUNERAL DIRECTOR <i>J.E. Consoles</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>6-19-58</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigman</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *J. E. Consalvo*

Licensed Embalmer No. *1891*

P. O. Address... *Clinton*

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.