

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24009

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural Bedford</u> c. LENGTH OF STAY (in this place) <u>29 yr.</u>		c. CITY OR TOWN <u>Rural Bedford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural 5 miles West of Troy Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles West Troy Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Burke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 2 1882</u>		9. AGE (In years last birthday) <u>66</u>		10. F UNDER 4 HRS. <u>7</u> MIN. <u>21</u>	
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bohemia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joseph Burke</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Burke Troy Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Burke</u> ADDRESS <u>Troy Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>223X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Glioma</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 1949 to July 1949 that I last saw the deceased alive on July 23 1949, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Alchah 100. Troy, Mo</u> (Degree or title)		23b. ADDRESS		23c. DATE SIGNED <u>7/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mashek Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Boy Troy Mo</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>7-27-1949</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		162	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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District File Number _____
District Health Officer No. 9
RECEIVED
AUG 1 1919

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-17-2010 BY 60322 UCBAW

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
Student Embalmer

Signed Wayne McEoy

Licensed Embalmer No. 13586

P. O. Address Troy Mo

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 this body is not embalmed, fact should be so stated above.