

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37430**

no. 300
0.48

95

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>549</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin)		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		1495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1511 Sergeant Avenue				d. STREET ADDRESS (If rural, give location) 1511 Sergeant Avenue			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First) J.		c. (Last) BURKE		4. DATE OF DEATH (Month) (Day) (Year) December 5, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH March 4, 1892	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 5 Days 14		IF UNDER 24 HRS. Hours 14 Min. 30			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James H. Burke		13b. MOTHER'S MAIDEN NAME Mary Allen Collins		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 491-01-1800		17. INFORMANT'S SIGNATURE OR NAME Gene Burke ADDRESS 1515 Sergeant Ave. Joplin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>May</u> , 19 <u>48</u> , to <u>Dec 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 21</u> , 19 <u>50</u> , and that death occurred at <u>2A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Edw. J. Schmitt (Degree or title) _____				23b. ADDRESS 138 Thornhill-Dillon		23c. DATE SIGNED 12-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 12-8-50		REGISTRAR'S SIGNATURE Edw. J. Schmitt		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort. ADDRESS Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-11-50

Jasper County Health Office

County File Number 50-11-898

Date Filed 12-11-50

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.

Signed

Charles E. Grey

Signed _____
Student Embalmer

Licensed Embalmer No. 47680

P. O. Address

Joplin, 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.