

No. 300
10-48

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

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9343

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>215</u>		PRIMARY REG. DIST. NO. <u>5783</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Richwoods</u>		c. LENGTH OF STAY (In this place) <u>1-15</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Richwoods 0660</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BURKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec 16, 1910</u>		
9. AGE (In years last birthday) <u>40</u>		10. MONTHS <u>1</u>		11. DAYS <u>24</u>		12. HOURS <u>0</u> MIN. <u>0</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		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES Miller</u>			13b. MOTHER'S MAIDEN NAME <u>CORA WALL</u>			14. NAME OF HUSBAND OR WIFE <u>W. Gail BURKS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gail Burks Iberia Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Disseminated Lupus Erythematosus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					456X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Wema</u>					1 month	
		19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Sept 26</u> , 1949, to <u>Feb 9</u> , 1951, that I last saw the deceased alive on <u>Feb 9</u> , 1951, and that death occurred at <u>9:30</u> A.M., from the causes and on the date stated above.								
23a. SIGNATURE <u>W.M. A. Gould</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Iberia Mo.</u>		23c. DATE SIGNED <u>2/11/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/11/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> 195		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Neuge Iberia Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 26 1951

MILLER COUNTY HEALTH
DEPARTMENT

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 *Walter P. Neuges*

Licensed Embalmer No. *4265*

P. O. Address *Heard 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.