No. 300
10.48

FILED DEC 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41042

BIRTH NO. 84115-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 329

0264

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

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO. 0264
d. STREET ADDRESS (If rural, give location): 213 MC KINLEY STREET

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle):
c. (Last): BURKS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 14, 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: DEC. 13, 1951
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): JEFFERSON CITY, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BOBBY EDWARD BURKS
13b. MOTHER'S MAIDEN NAME: MILDRED MARIE PORTING
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Bobby Burks — ADDRESS: J. C. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia of Newborn — INTERVAL BETWEEN ONSET AND DEATH: 1day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
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: 7625
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 13, 1951, *to* Dec. 14, 1951, *that I last saw the deceased alive on* Dec 14, 1951, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. T. Cibla M.D.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: Dec 15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: DEC. 15, 1951
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON CITY, MO.

DATE REC'D BY LOCAL REG.: Dec 15-51
REGISTRAR'S SIGNATURE: R. P. Dorris MD 68 NR
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Duelle — ADDRESS: J. C. MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 18 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed DEC 18 1951

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 Sylvester Dell
Licensed Embalmer No. 4321
P. O. Address Jefferson City 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.