

THE HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1952

REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **24**

0105
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA 0804	
c. LENGTH OF STAY (In this place) 14 DAYS		d. STREET ADDRESS (If rural, give location) 233 WEST COOPER	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLS FISCHER ST. CANCER HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE		b. (Middle) ELIZABETH	
c. (Last) BURKS		4. DATE OF DEATH (Month) (Day) (Year) Jan 22 52	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED WIDOW	8. DATE OF BIRTH 7-4-1873
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 1 HR. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAID		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME WILLIAM JONES	
13b. MOTHER'S MAIDEN NAME PATSY FISHER		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS		ADDRESS	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal cell carcinoma of nose, far advanced, with invasion of skull	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of skull		INTERVAL BETWEEN ONSET AND DEATH Unknown	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intracranial hemorrhage due to arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 160x		22. I hereby certify that I attended the deceased from 11-22, 1950 , to 1-22, 1952 , that I last saw the deceased alive on 1-22, 1952 , and that death occurred at 6:35 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE Richard E. Johnson, M.D.		23b. ADDRESS Columbia, Mo	
23c. DATE SIGNED 1-22-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan 24 1952		24c. NAME OF CEMETERY OR CREMATORY Ben Hill	
24d. LOCATION (City, town, or county) (State) Sedalia Mo		25. FUNERAL DIRECTOR'S SIGNATURE Spice Alexander	
DATE REC'D BY LOCAL REG. Jan 22 1952		REGISTRAR'S SIGNATURE Mrs R.E. Palmer	
31		ADDRESS How Cooper	

JAN 28 1952

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Eric Aljander

Signed.....
Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.