

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16347

State File No. ....

2224

FILED JUN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u> <u>0</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> <u>1742</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>   |  |
| c. LENGTH OF STAY (in this place) <u>1 mo.</u>   |   | d. STREET ADDRESS (If rural, give location) <u>1506 E Halsey</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childaen's Mercy Hospital</u>   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Danna</u>   |   | b. (Middle) <u>Jean</u>   |  |
| c. (Last) <u>Burks</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5 14 1952</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>   | 8. DATE OF BIRTH <u>4-2-49</u>                                       |
| 9. AGE (In years last birthday) <u>3</u>   |   | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>  |  |
| 11. BIRTHPLACE (State or foreign country) <u>Marionville, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13a. FATHER'S NAME <u>Billie Burks</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Margaine Johnston</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>not married</u>   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO. <u>none</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Billie Burks</u>  |   | ADDRESS <u>marionville, mo.</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis meningencephalitis</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Yersinia enterocolitica (TA)</u><br>DUE TO (c) <u>TA abscess of the base of the R. lung</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   | <u>102*</u>   |  |
| 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) (Minute)   | 21e. INJURY OCCURRED WHILE AT <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>4-16</u> , 19 <u>52</u> , to <u>5-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>52</u> , and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>MD</u>   |   | 23b. ADDRESS <u>1624 Prof. Bldg</u>   |  |
| 23c. DATE SIGNED   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE <u>5-15-52</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u>   | 24d. LOCATION (City, town, or county) (State) <u>Marionville mo.</u> |
| DATE REC'D BY LOCAL REG. <u>5-15-52</u>  | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u> ADDRESS <u>N. K. Co.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*Blune - Price  
Morgville, Mo*

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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.....

*Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *Quandak 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.