

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27124**

No. 300
10.48
FILED SEP 8 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>237</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u> 0105 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> 0105		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 N. Third St.</u>		d. STREET ADDRESS (If rural, give location) <u>804 N. Third St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BURKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23, 1869</u>	9. AGE (In years) last birthday <u>83</u> <input type="checkbox"/> Months <u>1</u> <input type="checkbox"/> Year <u>8</u> <input type="checkbox"/> Under 12 hrs. <input type="checkbox"/> Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Henry Coats</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Warren</u>		14. NAME OF HUSBAND OR WIFE <u>Silas J. Burks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena R. Sloan, Columbia, Mo.</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		DUE TO (b) <u>Arteriosclerosis Generalized</u>		<u>unknown</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 _____			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) <u>332X</u>		
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>March 3, 1952</u> , to <u>Sept. 1, 1952</u> , that I last saw the deceased alive on <u>Aug. 17, 1952</u> , and that death occurred at <u>12:05 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Charles M. Lauke, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>9-2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valley Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 3 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS _____		

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Clarence M. Bello*

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.