

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44463**  
**5680**

FILED JAN 17 1953

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>5 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>3409 EAST 7<sup>th</sup> 3180</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3409 EAST 7<sup>th</sup></b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>OLLIE</b> b. (Middle) <b>REED</b> c. (Last) <b>BURKE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24-1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>Nov. 30-1872</b>		9. AGE (in years last birthday) <b>80</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MARSHALL, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES BURKE</b>		13b. MOTHER'S MAIDEN NAME <b>HATTIE RADER</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. T. F. LYNN</b>		18. ADDRESS <b>5622 HARRISON ST. C. MO.</b>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral arteriosclerosis</b>		1 yr. plus	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

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)	
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 Dec 14, 1952, to Dec 24, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE OF <b>T. Reid Jones</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1107 Bryant St.</b>		23c. DATE SIGNED <b>12.27.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremeration</b>		24b. DATE <b>12-27-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chenoweth</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Blackman</b>		24f. ADDRESS <b>200 N. C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-27-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. C. Reine

Licensed Embalmer No. 4879

P. O. Address J. C. Ma

**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.