

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28276**

FILED AUG 31 1953 59110 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 776-A

1. PLACE OF DEATH COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner Twsp. 0220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hos.</u>		d. STREET ADDRESS (If rural, give location) <u>Christian</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>Jane</u> c. (Last) <u>Burks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1953</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>Aug. 14, 1953</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>---</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Lloyd Burks</u>	
13a. FATHER'S NAME <u>Lloyd Burks</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Cornelson</u>	14. NAME OF HUSBAND OR WIFE <u>---</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>Lloyd Burks.</u>	ADDRESS <u>Bruner, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asplenia, congenital (newborn)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7620</u>			
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 14 Aug, 1953, to 17 Aug, 1953, that I last saw the deceased alive on 17 Aug, 1953, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Royer</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ozark, Mo</u>	23c. DATE SIGNED <u>19 Aug 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Temple Hill, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>N. E. Bruner, 4 miles MO</u>
DATE REC'D BY LOCAL REG. <u>9/25/53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Ozark, Mo</u>	

(Stamp: Embalmer's Statement on Reverse Side)

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 D. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.