

STANDARD CERTIFICATE OF DEATH

State File No. **19647**

J. N. Murphy
FILED JUL 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 185

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Texas</u> COUNTY <u>Harris</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Huston</u>		d. STREET ADDRESS (If rural, give location) <u>842 1/2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>414 North St.,</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u>		b. (Middle) <u>A</u>	c. (Last) <u>Burke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/19/1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>9</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Burke</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Whiston</u>		14. NAME OF HUSBAND OR WIFE <u>Frances</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish American</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jack Hedges</u> ADDRESS <u>414 North St.,</u>		
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> MEDICAL CERTIFICATION <u>Hannibal, Mo.</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis - arterio-sclerotic in-type</u> DUE TO (c) <u>Pulmonary infarction following the injury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9035 44</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u>
19a. DATE OF OPERATION <u>5-7-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Closed reduction, fracture surgical neck, right humerus.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE <u>Accident</u> (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>St. Louis</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 5 54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on sidewalk</u>			
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>54</u> , to <u>6-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-24</u> , 19 <u>54</u> , and that death occurred at <u>8:55A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>6-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6/25/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal Mo</u>		

999-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 1 1954
MARION CO. HEALTH DEPT.
DATE FILED JUL 1 1954

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 Michael J. O'Donnell.....

Licensed Embalmer No. 3246.....

P. O. Address Harrison, 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.