

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24383

State File No. _____

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Bevier Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hamantun Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>0610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bessie</u>	b. (Middle) <u>Dallas</u>	c. (Last) <u>Burke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-1-97</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Callao Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Walter</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Chaston</u>	14. NAME OF HUSBAND OR WIFE <u>Armed Burke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Armed Burke Bevier Mo</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Corbice Corneat</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of lung</u> DUE TO (c) <u>Carcinoma - right breast</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 yrs</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>170X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 7-6-1956, to 7-10-1956, that I last saw the deceased alive on 7-10-1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank A. Collier - D.O.</u>	23b. ADDRESS <u>Macon, Mo</u>	23c. DATE SIGNED <u>7-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Fin. Church</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/16/56</u>	REGISTRAR'S SIGNATURE <u>Walter M. Reedy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards Bevier Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0611
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185

JUL 30 1956

OCT 22 1951

RECEIVED
MADISON COUNTY HEALTH DEPARTMENT
County File No. 7,56113
Date Filed 7-26-56

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.....
Signature of Student Embalmer

Signed *J. G. Edwards*.....

Licensed Embalmer No. 196.....

P. O. Address *Beverly*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.