

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009495

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 382

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 2621 N. FREMONT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First NETTIE Middle R. Last BURK | | | 4. DATE OF DEATH Month APR. Day 7 Year 1958 | |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 22 OCT. 1872 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and state or country) KANSAS | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME OVERMAN | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on or unknown) (If yes, give year or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT HOSPITAL RECORDS Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 2 days 10 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 0 |
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| 20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 3-1956 to 4-7-58 and last saw ^{her} alive on 4-5-58 Death occurred at 6:10 A.m. on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE Paul J. Russell, M.D. (Deputy or title) | 22b. ADDRESS SPRINGFIELD, MISSOURI | 22c. DATE SIGNED 4-10-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 4-9-58 | 23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY | 23d. LOCATION (City, town, or county) (State) GREENE COUNTY, Mo. |
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| 24. FUNERAL DIRECTOR J. Klingner & Co. | ADDRESS SPRNGD. MO | 25. DATE RECD. BY LOCAL REG. 4-11-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Russell

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 *Max Rhodes*

Licensed Embalmer No. *4071*
P. O. Address *Spring*

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.