

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028678

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		c. CITY OR TOWN Ava	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last Marion Augusta Burke			4. DATE OF DEATH Month Day Year Aug. 28, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 25, 1876		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Warren County, Kentucky	
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Thomas Burke		13b. MOTHER'S MAIDEN NAME Birdilla Burns		14. NAME OF HUSBAND OR WIFE Minnie Lee Burke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Minnie Burke, Ava, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Toxicity DUE TO (b) Uremic Poisoning DUE TO (c) Bacterial Infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 2 days 6-7 days 15 days		
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.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	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:15 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M.C. Denton (Degree or title) M.D.				22b. ADDRESS Ava Mo	
22c. DATE SIGNED 9-6-58					

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-31-58		23c. NAME OF CEMETERY OR CREMATORY Ava	
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo		25. DATE RECD. BY LOCAL REG. Sept 10-58		26. REGISTRAR'S SIGNATURE Vestal Bushman	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Charles R. Fish* .....

Licensed Embalmer No. *4667* .....

P. O. Address *Avon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.