

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037152

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 35-58

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tuscumbia Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0660 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle Leslie Last Burks			4. DATE OF DEATH Month Oct Day 29 Year 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 May 6, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Iberia, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Burks		13b. MOTHER'S MAIDEN NAME Clara Helms	14. NAME OF HUSBAND OR WIFE Ellen Burks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-22-1626	17. INFORMANT Leslie Burks Springfield, Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage and Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Injury DUE TO (c) 32 Calibre Bullet PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 min.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-inflicted gunshot wound.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION Tuscumbia COUNTY Miller STATE Mo.
21. I attended the deceased from _____, to 10-29-58 and last saw her/him alive on 10-29-58 Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L.S. Humphrey, D.O.</i> (Degree or title)		22b. ADDRESS Tuscumbia, Missouri	22c. DATE SIGNED 11-6-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/58	23c. NAME OF CEMETERY OR CREMATORY Tuscumbia	23d. LOCATION (City, town, or county) (State) Tuscumbia, Mo
24. FUNERAL DIRECTOR <i>Hedges</i> Hedges Funeral Homes Inc		25. DATE RECD. BY LOCAL REG. Mo. 11-8-1958	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

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 *William P. Adams*

Licensed Embalmer No. *426*
P. O. Address *Berlin, Md.*

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.