

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037153

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 31-58

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ulman		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ulman		Inside Limits Yes <input checked="" 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 0660 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ida Middle Mae Last Burks				4. DATE OF DEATH Month Nov Day 1 Year 1958					
5. SEX Female		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 Feb- 7-1879		9. AGE (In years at birthday) 79 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done or title, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ulman Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John M. Bass			13b. MOTHER'S MAIDEN NAME Alice Williams			14. NAME OF HUSBAND OR WIFE Walter 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.		17. INFORMANT Address Walter Burks Ulman Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke - Cardio cerebral vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stroke - DUE TO (c) Stroke -							INTERVAL BETWEEN ONSET AND DEATH 2 months 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"/>		
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.) 442X						
20c. TIME OF INJURY Hour 5:00A Month 11 Day 1 Year 1958 a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Aug 1958 , to 11-1-58 and last saw her ^{her} _{him} alive on 10-30-58 Death occurred at 5:00A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M.E. Humphrey D.D. (Degree or title)				22b. ADDRESS Columbia, Mo.				22c. DATE SIGNED 11-4-58	
23a. BURIAL, CREMATION, or other disposal (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		11/3/58		Hickory Point		Iberia, Mo			
24. FUNERAL DIRECTOR (Name and address) Hedges Funeral Homes Inc				25. DATE RECD. BY LOCAL REG. Mo. 11-5-58		26. REGISTRAR'S SIGNATURE Mrs. D.E. Kallenbach			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Walter P. Hedges*

Licensed Embalmer No. *4265*
P. O. Address *Berlin*

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.