

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004367
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED MAR 3 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 20

300
-57

1. PLACE OF DEATH a. COUNTY ATCHISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ATCHISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAY TWSP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ROCK PORT MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE		Length of stay in 1b <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE

3. NAME OF DECEASED (Type or print) First Middle Last HARRY RICHARD BURKE			4. DATE OF DEATH Month Day Year 2 22 1959		
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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 9-26-1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days 2 26	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) LABORER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) ATCHISON CO., MO	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME CHARLES BURKE	13b. MOTHER'S MAIDEN NAME LAURA RUDISILL	14. NAME OF HUSBAND OR WIFE IRENE BURKE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. 496-03-9108	17. INFORMANT Irene Burke	Address Rock Pt. Mo
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18. NO OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 6 to 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 2-22-59 to 2-22-59 and last saw ^{her} _{him} alive on 2-22-59 Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) E. Little	22b. ADDRESS Rock Pt. Mo	22c. DATE SIGNED 2-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-25-59	23c. NAME OF CEMETERY OR CREMATORY GREENHILL CEM.	23d. LOCATION (City, town, or county) (State) Rock Port. Mo.
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24. FUNERAL DIRECTOR BARTOLOMEU MORTUARY	ADDRESS Rock Port. Mo	25. DATE RECD. BY LOCAL REG. Feb 25, 1959	26. REGISTRAR'S SIGNATURE Herwin H. Schuler
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. All diseases in Part I must be causally related.

210

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 *Ernst Buchaloua*

Licensed Embalmer No. *3173*

P. O. Address *Rock Point*

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.