

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018009

FILED VS MAY 6 1960

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 114

STATE FILE NUMBER

NDEB

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		a. STATE MO		b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN RURAL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) SIKESTON RFD #4	
				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First ALMA	Middle FERN	Last BURKE	Month 4	Day 24
Year 1960				
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 6-15-1893	9. AGE (last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) CHARLESTON MO	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME GEO. LEE ELMORE		13b. MOTHER'S MAIDEN NAME AMANDA ROWE		14. NAME OF HUSBAND OR WIFE Evin 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. 5		17. INFORMANT Address Evin Burke - Sikeston MO RY

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) AMYOTROPHIC LATERAL SCLEROSIS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. Month, Day, Year		

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Febr. 1960 - 4.24.60 to 4.24.60 and last saw her 4.24.60 alive on 4.24.60 . Death occurred at 3:42 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Carl G. Gaps M.D. (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4.25.60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-26-60	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) SIKESTON MO		(State)

24. FUNERAL DIRECTOR ADDRESS Welch Funeral Home - Sikeston Mo	25. DATE RECD. BY LOCAL REG. 4-27-60	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Cress

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.