

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

149

Registration District No. 1002 Primary Registration District No. Registrar's No.

3183 =60-023086 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in ^{1b} unk.		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hospital</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>521 Maple Apts</i>	
3. NAME OF DECEASED (Type or print) First <i>Martha</i> Middle <i>Burke</i> Last <i>Burke</i>				4. DATE OF DEATH Month <i>6</i> Day <i>14</i> Year <i>60</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>12-28-87</i>	
9. AGE (last birthday) <i>72</i>		IF UNDER 1 YEAR Months <i>72</i> Days		IF UNDER 24 HR Hours <i>72</i> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk at bank</i>	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <i>Pettis Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>	
13a. FATHER'S NAME <i>Clint on Upton Burke</i>				13b. MOTHER'S MAIDEN NAME <i>Martha E. -</i>		14. NAME OF HUSBAND OR WIFE <i>Edward Burke-</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Edward Burke</i> Address <i>521 Maple</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>-</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 <i>8:10 p</i> Month, Day, Year <i>6-13-60</i> 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 <i>6-13-60</i> to <i>6-14-60</i> and last saw her <i>her</i> alive on <i>6-14-60</i> Death occurred at <i>8:10 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. L. Dwyer</i> (Degree or title) <i>md.</i>				22b. ADDRESS <i>2400 Cherry</i>		22c. DATE SIGNED <i>6-14-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>6-16-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>-</i>		23d. LOCATION (City, town, or county) (State) <i>Hustonia, Mo.</i>	
24. FUNERAL DIRECTOR <i>Moore Funeral Home Lamonte, Mo</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>6-16-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
H. L. Dwyer

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 Morris D. Barkley

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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.