SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=033282
STATE FILE NUMBER

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 146

FILED OCT 3 1961

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Missouri — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 902 N Walker Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City, — Inside Limits Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location) 902 N Walker Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Burl; Middle George; Last Burk
4. DATE OF DEATH: Month September; Day 25; Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/6/1909
9. AGE (last birthday): 51yrs — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Common Labor
11. BIRTHPLACE (City and state or country): Oronogo, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Elmer Burk
13b. MOTHER'S MAIDEN NAME: Anna Birmingham
14. NAME OF HUSBAND OR WIFE: Wilma Burk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Wilma Burk — Address: Same Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on D.O.A.
Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. Key (Degree or title) D. O.
22b. ADDRESS 624 W. Broadway, Webb City, Mo.
22c. DATE SIGNED 9-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 9/27/61
23c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
23d. LOCATION (City, town, or county) (State): Carterville Mo.

24. FUNERAL DIRECTOR: Hedge Lewis — ADDRESS: Webb City, Missouri
25. DATE RECD. BY LOCAL REG.: 9-27-1961
26. REGISTRAR'S SIGNATURE: L. J. Lewis Jr. (Dep. Reg.)

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

OCT 5 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4483

P. O. Address Webb City

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.