

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041487
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 285

FILED DEC 13 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
<u>10047</u>	INSTEAD OF	DOCUMENT
<u>3047</u>		
3	SHOULD READ	BY AFFIDAVIT OF
4 1		
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7 0		
8 2		
<u>9410 X</u>		
10		
11		
<u>1290-2</u>		
<u>132-0</u>		

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Audrain</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	
Length of stay in 1b <u>2 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1017 E. Jackson</u>		d. STREET ADDRESS (If outside, give location) <u>1017 E. Jackson</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>JENETTA</u> Middle <u>ELIZABETH</u> Last <u>BURKEY</u>		Month <u>December</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/10/1876</u>
9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Pike County, Mo.</u>
		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George L. McKenzie</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Newberry</u>	
		14. NAME OF HUSBAND OR WIFE <u>Newton Burkey -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT <u>Miss Mabel Burkey -</u>	
		Address <u>1017 E. Jackson Mexico Mo</u>	
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 <u>years</u>
IMMEDIATE CAUSE (a) <u>Myocardial Stenosis & regurgitation</u>			
DUE TO (b) <u>Myocardial Insufficiency</u>			
DUE TO (c)			
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 Month, Day, Year		
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 <u>10-18-62</u> to <u>12-10-62</u> and last saw her <u>her</u> alive on <u>12-9-62</u>		Death occurred at <u>3:55 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J.B. Doolittle, DO.</u> (Degree or title)		22b. ADDRESS <u>Mexico, Mo</u>	22c. DATE SIGNED <u>12-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/12/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>Audrain Co. Sturgeon, Mo.</u> (State) <u>North of</u>
24. FUNERAL DIRECTOR <u>Arnold Funeral Home - Mexico, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Dec 11-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Heely</u>

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Worcester, Ma.

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.