

TRB

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-024834

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 281

FILED JUL 13 1965

VS 300 Rev. 4/59 1 0945 2 0945 3 4 1 5 1 6 7 0 8 2 9 334 X 10 11 12 86-0 13 1-0

DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT ITEM NO. SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY Farmington c. FULL NAME OF HOSPITAL OR INSTITUTION Easter Home of Ruth 2. USUAL RESIDENCE a. STATE Mo. b. CITY Farmington c. STREET ADDRESS West Liberty 3. NAME OF DECEASED First Middle Last Daisy May Burks 4. DATE OF DEATH July 8 1965 5. SEX Female 6. COLOR OR RACE White 7. Married Widowed 8. DATE OF BIRTH 1/23/1874 9. AGE 92 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE Farmington, Mo. 12. CITIZEN OF WHAT COUNTRY USA 13a. FATHER'S NAME Abraham Koen 13b. MOTHER'S MAIDEN NAME Sarah Highley 14. NAME OF HUSBAND OR WIFE Jerry Burks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Allen Burks Kansas City, Mo. 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Insufficiency (b) Cerebral Arteriosclerosis 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. Severe Anemia 21. I attended the deceased from 6-15-63 to 7-8-65 and last saw her alive on 7-8-65 22a. SIGNATURE V. Burcham MD 22b. ADDRESS Farmington, Mo. 22c. DATE SIGNED 7-9-65 23a. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 7/10/65 23c. NAME OF CEMETERY OR CREMATORY K. of P. 23d. LOCATION Farmington Mo. 24. FUNERAL DIRECTOR C.H. Cozean Farmington, Mo. 25. DATE RECD. BY LOCAL REG. July 9, 1965 26. REGISTRAR'S SIGNATURE Esther Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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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 _____

C. Morgan

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.