

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0023244  
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 113

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1004  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |
|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>CLAY</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>No. KAN. CITY</u> Length of stay in Ib <u>10-YRS</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No. KAN. CITY. MEM. HOSP.</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u><br>c. CITY OR TOWN <u>No. KAN. CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>2310-SWIFT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| <b>3. NAME OF DECEASED</b> First Middle Last<br><u>HELEN B. BURKS</u>  |  |   | <b>4. DATE OF DEATH</b> Month Day Year<br><u>6-18-1966</u>   |
| <b>5. SEX</b><br><u>FE</u>   | <b>6. COLOR OR RACE</b><br><u>WHITE</u>  | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>   | <b>8. DATE OF BIRTH</b> <u>8-29-1906</u> <b>9. AGE (last birthday)</b> <u>65</u>   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>RETIRED-SCHOOL-TEACHER</u>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>MARYVILLE, MO.</u>   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>U.S.A.</u>  |
| <b>13a. FATHER'S NAME</b><br><u>DAN R. BAKER</u>   |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>CORA CASE</u>  |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>ALLEN R. BURKS</u>  |  | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |  |
| <b>16. SOCIAL SECURITY NO.</b><br><u>497-40-2884</u>   |  | <b>17. INFORMANT</b> Address<br><u>RICHARD BAKER, CHAMPAIGN, ILL.</u>   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardio genic Shock</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>acute myocardial infarction</u><br>DUE TO (c) <u>Coronary atherosclerosis (occlusion)</u> |  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>12 hours</u><br><u>2 weeks</u><br><u>6 weeks</u>   |
| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)   |  |   | <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |
| <b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year   |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE  |  |
| <b>21. I attended the deceased from</b> <u>January 1959</u> to <u>June 18, 1966</u> and last saw her/him alive on <u>June 17, 1966</u><br>Death occurred at <u>3:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>S. Comes Bates, M.A.</u>   |  | <b>22b. ADDRESS</b> <u>514 Westloch Road, Hannan City 19, Missouri</u>  |  |
| <b>22c. DATE SIGNED</b><br><u>6/19/66</u>  |  | <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>BURIAL</u>   |  |
| <b>23b. DATE</b><br><u>6-21-1966</u>   |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>FLORAL-HILLS</u>  |  |
| <b>23d. LOCATION</b> (City, town, or county) (State)<br><u>KAN. CITY, MO.</u>  |  | <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><u>D.W. NEWCOMERS-SONS, N. W. 6-19-66</u>  |  |
| <b>25. DATE RECD. BY LOCAL REG.</b><br><u>6-19-66</u>  |  | <b>26. REGISTRAR'S SIGNATURE</b><br><u>G. L. ...</u>  |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Printed 6/19/66-~~1966~~

**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 *J. P. Hendrix*  
Licensed Embalmer No. 4848  
P. O. Address Box 17

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.