

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0019654

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 564

FILED MAY 23 1967

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fredericktown		Length of stay in 1b 26 days	c. CITY OR TOWN Farmington
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 405 W. Liberty St.
3. NAME OF DECEASED (Type or print) Jerry Bedford Burks			4. DATE OF DEATH May 12, 1967
5. SEX M	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/20/1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 100
13a. FATHER'S NAME Marion Burks		14. NAME OF HUSBAND OR WIFE Stephen B. Burks, Columbus, Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Stephen B. Burks, Columbus, Georgia		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis Senility DUE TO (b) Senility DUE TO (c) generalized			INTERVAL BETWEEN ONSET AND DEATH 6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASAD			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 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 a.m. p.m. 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 Apr. 1967 to May 12, 1967 and last saw ^{her} him alive on May 11, 1967 . Death occurred at 12:15 A m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.D. Hueston M.D.		22b. ADDRESS Farmington, Mo	22c. DATE SIGNED 5/13/67
23a. BURIAL, CREATION, REMOVAL (Specify) burial	23b. DATE 5/15/67	23c. NAME OF CEMETERY OR CREMATORY K-P Cemetery	23d. LOCATION (City, town, or county) (State) Farmington, Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Inc. Farmington, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-67	26. REGISTRAR'S SIGNATURE A.E. Sellensick by pu. J.

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Paul K. Deegal

Licensed Embalmer No. 4120

P. O. Address Farmington Conn

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.