

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27688

FILED SEP 7 1951

BIRTH NO.		REG. DIST. NO. 124		PRIMARY REG. DIST. NO. 3046		Registrar's No. 104	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		c. LENGTH OF STAY (If in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		0687	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home California mo				d. STREET ADDRESS (If rural, give location) California Mrs			
3. NAME OF DECEASED (Type or Print) BELLE BURKE				4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 1, 1870	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) California, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EDMUND BURKE		13b. MOTHER'S MAIDEN NAME Philo A. Smoot		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victoria Burke, California, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/22/				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from death when first seen, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 11 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Byron Latham (Degree or title) M.D. coroner				23b. ADDRESS California, Mo.		23c. DATE SIGNED 9-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/2/51		24c. NAME OF CEMETERY OR CREMATORY Burke Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo.	
DATE REC'D BY LOCAL REG. 9-1-51		REGISTRAR'S SIGNATURE H. K. Popjoy L R202		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-6-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-6-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

HE Friedmeyer

Signed
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.