

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32985

FILED NOV 15 1949

4044 State File No. 5116 Registrar's No. 51

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>5116</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Boone</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sturgeon</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>AUDRAIN</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - SALING.</u>		d. STREET ADDRESS (If rural, give location)		4	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Sturgeon</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED		a. (First) <u>MINNIE</u>		b. (Middle) <u>MARGARET</u>		c. (Last) <u>BURKEYE</u>	
(Type or Print)		4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>30</u>	
(Type or Print)		(Year) <u>1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 30-1874</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>3</u>		11. BIRTHPLACE (State or foreign country) <u>AUDRAIN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Wor.</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>LOUIS BURKEYE</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE ESS</u>		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. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arnold Brown</u> ADDRESS <u>Madison</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Respiratory Failure</u>				<u>3 hr.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				3-5 yrs.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cardio Renal Edema</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				442X	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <u>10/25/49</u> , 19____, to <u>10/30/49</u> , 19____, that I last saw the deceased alive on <u>10/29/49</u> , 19____, and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Barnes J. M.D.</u> (Degree or title)				23b. ADDRESS <u>Sturgeon Mo</u>		23c. DATE SIGNED <u>10/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>NORTH STURGEON - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 1-1949</u>		REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Booth</u> ADDRESS <u>Sturgeon - Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1949

District File Number
District Health Officer No. 9

NOV 10 1949

RECEIVED

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.

Signed _____

A. E. Boothe

Signed _____
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.