

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **5474**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 6	
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 (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California		0681	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE TERESA BURKE EITZEN		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1/22/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/4/1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Moniteau		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John P. Burke		13b. MOTHER'S MAIDEN NAME Alice Smith		14. NAME OF HUSBAND OR WIFE Walter Eitzen			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Genevieve 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pan Sigmoid ANTECEDENT CAUSES Flexure (metastatic) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 Aug 31, 1929 to Jan 2, 1950 , that I last saw the deceased alive on Jan 31, 1950 , and that death occurred at 1 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. P. Burke Jr. M.D.				23b. ADDRESS California Mo		23c. DATE SIGNED 1/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/25/50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetry		24d. LOCATION (City, town, or county) (State) California, Moniteau, Mo.		
DATE REC'D BY LOCAL REG. 2-24-50		REGISTRAR'S SIGNATURE H.R. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE 202, WILLIAMS FUNERAL HOME,		ADDRESS California, mo	

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

District File Number _____

District Health Officer No. 9,

RECEIVED FEB 20 1950

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
Student Embalmer

Signed *W. E. Friedman* _____

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.