

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15306

State File No. _____

BIRTH NO. **FILED MAY 27 1949** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 212 Pierce St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Josiah b. (Middle) O. c. (Last) Burkett			4. DATE OF DEATH (Month) (Day) (Year) May 18 1949		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2 1917	9. AGE (In years) Last birthday Months Days Hours Min. 32 0 16	
-----------------------	----------------------------------	--	---------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent	10b. KIND OF BUSINESS OR INDUSTRY State	11. BIRTHPLACE (State or foreign country) Callaway Co. Missouri ()	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Thomas C. Burkett	13b. MOTHER'S MAIDEN NAME Bertha Pauley	14. NAME OF HUSBAND OR WIFE Margaret Burkett
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War 2	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Margaret Burkett	ADDRESS Jefferson City 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of Bronchi - Generalized of undetermined origin		INTERVAL BETWEEN ONSET AND DEATH Two Hours
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ADDITIONAL
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SUPPLEMENTARY INFORMATION
--	--	--

22. I hereby certify that I attended the deceased from **5-13, 1949**, to **5-18, 1949**, ~~RECORDED~~ last saw the deceased alive on **5-18, 1949**, and that death occurred at **5:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE G. Leslie	(Degree or title) M.D. ()	23b. ADDRESS 207 Trust Bldg.	23c. DATE SIGNED 5-19-49
------------------------------------	--------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. May 19-1949	REGISTRAR'S SIGNATURE R.P. Neeve MD-MR	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buesche	ADDRESS Jefferson City Mo
--	--	---	-------------------------------------

0-68

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAY 26 1949
District File Number BAB

District Health Officer No. 9,

FEB 21 1950

MAR 15 1950

RECEIVED

MAR 8 1955

MAY 27 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. 3 - 315

working under my personal supervision.

Ray S. Shelton

Signed *Victor Buescher*

Signed *Bill Hanson*
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address *Jaffesson Cu*

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.