

FILED APR 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13738

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

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta</u> <u>0610</u>	
c. LENGTH OF STAY (If in this place) <u>5 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Hwy 63 North</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atlanta, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>J</u> c. (Last) <u>Burkhardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 18 1879</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	
IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Green Top Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Fred Burkhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Ludwig</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Carrie Burkhardt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Burkhardt</u> ADDRESS _____
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) <u>Coronary occlusion of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Branch of virus pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>		MARCH 3 TO MARCH 12 1950	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (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 <u>March 5 1950</u> to <u>Mar 17, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Macon MO</u>	23c. DATE SIGNED <u>4/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar 20, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>	24d. LOCATION (City, town, or county) (State) <u>Macon City Mo</u>
DATE REC'D BY LOCAL REG. <u>April 12-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. O. B. Griffin</u> 186	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens & Gooding</u> ADDRESS <u>Macon Mo.</u>	

APR 20 1950

RECEIVED 4/13/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4/50/81
Date Filed 4/18/50

APR 26 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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.