

FILED AUG 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26214

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Camden Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>Road 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Augusta Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>	b. (Middle) <u>Burkhardt</u>	c. (Last) <u>Burkhardt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 1950</u>
---	------------------------------	----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/10/1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	--	--------------------------------------	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Howell Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	---

13a. FATHER'S NAME <u>Jack Kaye</u>	13b. MOTHER'S MARDEN NAME <u>Lanman</u>	14. NAME OF HUSBAND OR WIFE <u>Ed Burkhardt</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Burkhardt</u>	ADDRESS <u>Richland Rd.</u>
--	--	--	--------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Emboli</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
------------------------	----------------------------------	---

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 7-1, 1950, to 8-12, 1950, that I last saw the deceased alive on 8-12, 1950, and that death occurred at 5:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. O. Smith</u>	(Degree of title)	23b. ADDRESS <u>Waynesville Mo</u>	23c. DATE SIGNED <u>8-18-50</u>
--------------------------------------	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>14 View</u>	24d. LOCATION (City, town, or county) (State) <u>Richland Camden Co Mo</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Aug. 23-1950</u>	REGISTRAR'S SIGNATURE <u>Alpha Draw</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Deeper</u>	ADDRESS <u>Richland</u>
---	--	----	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/22/50
Pulaski County Health Officer
File Number _____
Date Filed _____

RECEIVED 8/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/28/50

SEP 22 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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3198

P. O. Address _____

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.