

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7185

BIRTH NO.		REG. DIST. NO. <u>8220</u>		PRIMARY REG. DIST. NO. <u>6099</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#3, Queen City, MO.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#3, Queen City, Mo</u>				d. STREET ADDRESS <u>R. R. #3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charlie</u>		b. (Middle)		c. (Last) <u>Burkhart</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Mch. 11, 1873</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>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frederick J. Burkhart</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Ludwig</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Laske BURKHART.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Burkhart, Queen City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Pericardial Effusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Cardiac Hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u> 41343				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>2 years</u> <u>7 years</u> <u>3 years</u>	
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>1/14</u> , 19 <u>51</u> , to <u>1/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/21</u> , 19 <u>51</u> , and that death occurred at <u>3:30</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>David M. Roberts</u> (Degree or title)				23b. ADDRESS <u>Queen City, Missouri</u>		23c. DATE SIGNED <u>1/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greentop</u>		24d. LOCATION (City, town, or county) (State) <u>Greentop, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 9 - 51</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam M. Riley</u> <u>Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-385
Date Filed: FEB 16 1951

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 _____

Glen A. Gibbons
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Glen A. Gibbons

Licensed Embalmer No. 4624

P. O. Address Kirksville, Missouri

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.