

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16127

State File No. 3429
Registrar's No. 15

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 4187

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN NEW HAVEN, LYON
c. LENGTH OF STAY (in this place) 2 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY FRANKLIN
c. CITY OR TOWN RURAL LYON
d. STREET ADDRESS R 7 D New Haven Mo

3. NAME OF DECEASED
a. (First) ARTHUR b. (Middle) _____ c. (Last) BURCHARDT

4. DATE OF DEATH: 5-24-51
(Month) (Day) (Year)

5. SEX MALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH 8-31-1871

9. AGE (In years last birthday) 78
UNDER 1 YEAR: Months 8 Days 23
UNDER 1 WEEK: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER

10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY

11. BIRTHPLACE (State or foreign country) ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ALBERT BURCHARDT

13b. MOTHER'S MAIDEN NAME DONT KNOW

14. NAME OF HUSBAND OR WIFE NONE

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. 498-01-1439-A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Charles Vogt New Haven 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) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid 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
3 days

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Aug, 1950, to May 24, 1951, that I last saw the deceased alive on Sept, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Matthews MD

23b. ADDRESS Beaufort Mo

23c. DATE SIGNED 5-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE 5-25-51

24c. NAME OF CEMETERY OR CREMATORY Basco Cemetery Near Basco

24d. LOCATION (City, town, or county) (State) Basco Mo

DATE REC'D BY LOCAL REG. 5-24-51

REGISTRAR'S SIGNATURE J. H. Matthews

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. C. ... New Haven Mo

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

0360

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 9 1951
RECEIVED

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.

Signed.....
Student Embalmer

Signed *Earl Herteg*.....

Licensed Embalmer No. *3385*.....

P. O. Address *Geo Haven Pa*.....

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.