

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22430**
Registrar's No. **31**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5278**

2230
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Clark | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp | |
| c. LENGTH OF STAY (in this place) 6 years | | d. STREET ADDRESS (If rural, give location) near Winchester Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Deidrick c. (Last) Buhrkuhl | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-26-1951 | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH July 14-1879 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? Germany |
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| 13a. FATHER'S NAME Fredrick Buhrkuhl | 13b. MOTHER'S MAIDEN NAME Minnie Radensleben | 14. NAME OF HUSBAND OR WIFE Wes Minnie W. Biggerstaff |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 155-1-2-1 | 17. INFORMANT'S SIGNATURE OR NAME Wes Minnie W. Biggerstaff | 18. ADDRESS Kahoka Mo |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease | | INTERVAL BETWEEN ONSET AND DEATH Yes |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---------------------------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE Perry S. Borton | 23b. ADDRESS Kahoka, Mo | 23c. DATE SIGNED 7-28-51 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-28-51 | 24c. NAME OF CEMETERY OR CREMATORY Kahoka Cemetery | 24d. LOCATION (City, town, or county) (State) Kahoka Clark Mo. |
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| DATE REC'D BY LOCAL REG. 7/30-51 | REGISTRAR'S SIGNATURE J. H. Bridges | 25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Karle | ADDRESS Kahoka Mo. |
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Date Received: AUG 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1410
Date Filed: AUG 7 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Fred Harle

Signed.....
Student Embalmer

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.