

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23706

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5746 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY **MADISON**
b. CITY (If outside corporate limits, write RURAL and give township) **Zion, Rural**
c. LENGTH OF STAY (in this place) **6 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Zion, Mo.**

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)
a. STATE **Missouri**
b. COUNTY **MADISON**
c. CITY (If outside corporate limits, write RURAL and give township) **Zion-Central Prop. Rural**
d. STREET ADDRESS (If rural, give location) **Zion, Mo. 0620**

3. NAME OF DECEASED (Type or Print)
a. (First) **Joy** b. (Middle) **EUGENE** c. (Last) **BURKHART**
4. DATE OF DEATH (Month) (Day) (Year) **JULY 14 1951**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **June 20, 1923** 9. AGE (in years last birthday) **28**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **CHARLES E BURKHART** 13b. MOTHER'S MAIDEN NAME **MYRTLE CORNMAN** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **CHARLES E. BURKHART** ADDRESS **Zion, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Accidental Drowning**
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
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. **E9298**

18. CAUSE OF DEATH (continued)
19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **CREEK** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Zion Madison Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **7-14-51 330P.** 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 _____, 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.

23a. SIGNATURE (Degree or title) **Sam Sajim, Jr. Coroner Madison Co. Mo.** 23b. ADDRESS **Fredericktown, Mo.** 23c. DATE SIGNED **7-16-51**

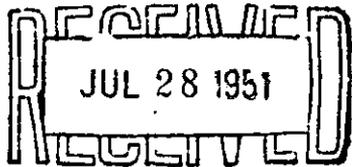
24a. BURIAL (REMOVAL) (Specify) **Burial** 24b. DATE **7-16-51** 24c. NAME OF CEMETERY OR CREMATORY **Barber Cemetery** 24d. LOCATION (City, town, or county) (State) **Zion Mo.**

DATE REC'D BY LOCAL REG. **7-16-1951** REGISTRAR'S SIGNATURE **Florence Vickers** 187 25. FUNERAL DIRECTOR'S SIGNATURE **Sam Sajim, Jr.** ADDRESS **Fredericktown, Mo.**

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

620
3

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 751-40

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 William B. O'Connor

Signed _____
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown, 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.