S. No. 300
EV. 10.48

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8977

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 10

0570

1. PLACE OF DEATH
a. COUNTY Lincoln - At Home
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL* HURRICANE
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Hope RURAL Hurricane
d. STREET ADDRESS (If rural, give location) 0570

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) AUGUST c. (Last) BURKAMP

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH May-3-1895

9. AGE (In years last birthday) 56 | If under 1 year: Months 10 Days 12 | If under 24 hrs.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Burkamp

13b. MOTHER'S MAIDEN NAME Helena Wagner

14. NAME OF HUSBAND OR WIFE Lizzie Burkamp

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. 492-09-0444

17. INFORMANT'S SIGNATURE OR NAME Mrs Lizzie Burkamp ADDRESS Elsberry

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND 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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

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) m.

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* 3-15, 1952, *to* 3-15, 1952, *that I last saw the deceased alive on* 3-15, 1952, *and that death occurred at* 2 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE J H Calloway (Degree or title) D.O.

23b. ADDRESS Elsberry Mo

23c. DATE SIGNED 3-15-52

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

24b. DATE 3/17/52

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

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

DATE REC'D BY LOCAL REG. 4/10/52

REGISTRAR'S SIGNATURE Mrs. Clarence Kientzy

25. FUNERAL DIRECTOR'S SIGNATURE Clifton Mills ADDRESS Elsberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 5 1952

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 Mar 15-52

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.