

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34521

State File No. 258

Dr. Taylor

FILED OCT 27 1952

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 258

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place) 60 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1350 West Main Street				
3. NAME OF DECEASED (Type or Print) a. (First) Theodore			b. (Middle) Gustav			
c. (Last) Burkhardt			4. DATE OF DEATH (Month) (Day) (Year) Oct 20 52			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH March-9-1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	
IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry and Auto		10b. KIND OF BUSINESS OR INDUSTRY Jewelry Store		11. BIRTHPLACE (City and State or Foreign Country) California, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G.A. Burkhardt		13b. MOTHER'S MAIDEN NAME Emma Kehr		
14. NAME OF HUSBAND OR WIFE Ida Burkhardt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Mrs. T.M. Fulks, California, Mo		17. ADDRESS				
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) <i>Benign prostatic hyperplasia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Hypertensive cardiovascular disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Coronary atherosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
19a. DATE OF OPERATION <i>10-2-52</i>	19b. MAJOR FINDINGS OF OPERATION <i>Benign prostatic hyperplasia</i>		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) <i>610 X</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <i>Oct 1, 1952</i> to <i>Oct 13, 1952</i> , that I last saw the deceased alive on <i>Oct 20, 1952</i> , and that death occurred at <i>10:00 AM</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>W. Taylor</i>		23b. ADDRESS <i>1400 Jefferson City</i>		23c. DATE SIGNED <i>8-20-52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>Oct-22-52</i>	24c. NAME OF CEMETERY OR CRIMATORY <i>Riverview Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>Oct 21-52</i>	REGISTRAR'S SIGNATURE <i>R. P. Davis MD-MR</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Shirley J. Gordon</i>	ADDRESS <i>Jefferson City, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

264
0

No. 300
10-48

MS SEP 10 1980

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Bob Gordon*
Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.