

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6441

MAR 10 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u> ⁷⁰⁰⁵	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>11503 East 15th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Louis</u> c. (Last) <u>Wm. Burkhardt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28 1898</u>	9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 24 HRS. Days <u>16</u> Hours <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Schultz Bakery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saarbrucken Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>
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13a. FATHER'S NAME <u>William Burkhardt</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bauer</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Burkhardt</u>
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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. <u>560-18-2148</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elizabeth Burkhardt</u> ADDRESS <u>Independence Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs - 3 yrs - 1 week - 1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> <u>Cardiac hypertrophy</u> <u>Pleural Effusion</u> <u>Hypertension</u> <u>generalized anaemia</u>	DUE TO (b) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Independence Jackson Missouri</u>
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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? _____
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22. I hereby certify that I attended the deceased from 11-7, 1952, to 2-14, 1953, that I last saw the deceased alive on 2-13, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chaste Nicolson Jr MD</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>2-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Grave Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-17-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland P. Speaks</u> ADDRESS <u>Independence</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 360
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.