

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17501

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>86</u>	PRIMARY REG. DIST. NO. <u>5322</u>	Registrar's No. <u>17-1953</u>
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba "Rural" Benton</u> <u>0280</u>		
c. LENGTH OF STAY (in this place) <u>15 months</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi West of Cuba on Hwy 66</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home - 1 mi West of Hwy 66</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthaus</u>		b. (Middle) _____		c. (Last) <u>Burkhardt</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>6 10-1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>OCT 20 1866</u>	9. AGE (In years last birthday) <u>86</u> <u>7</u> <u>20</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>habozer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>ALT Burg Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>				
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Wentzsch - Cuba</u> ADDRESS <u>Missouri</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dry Langrene's sptum + Hand</u> <u>3 wks</u> 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 _____		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) <u>4501</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 <u>May 5, 1953</u> , to <u>June 10, 1953</u> , that I last saw the deceased alive on <u>June 10, 1953</u> , and that death occurred at <u>3:55 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Joseph Thomas De Senne, M.D., Cuba, Mo</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>6/11/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 12-1953</u>		24c. NAME OF CEMETERY <u>Kinder Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Cuba MO</u>				
DATE REC'D BY LOCAL REG. <u>6-12-1953</u>		REGISTRAR'S SIGNATURE <u>Ed C. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Hoener</u> ADDRESS <u>Cuba, MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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FILED JUN 13 1953

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.....

Hermon C. Hoener

Licensed Embalmer No.

4673

P. O. Address.....

Cuba, Missouri

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.