

STANDARD CERTIFICATE OF DEATH

State File No. 62572
Registration No. 10464730

ED NOV 12 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Duenweg</u> | | c. CITY (If outside corporate limits, write RURAL and give town) <u>Duenweg</u> | |
| c. LENGTH OF STAY (in this place) <u>30 Yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>308 Webb St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 Webb St.</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Mattie</u> (Type or Print) | | | b. (Middle) | | | c. (Last) <u>Burkholder</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1953</u> | | |
|--|--|--|-------------|--|--|-----------------------------|--|--|---|--|--|

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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Jan. 21, 1877</u> | | 9. AGE (in years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u> | | IF UNDER 24 HRS. Hours <u>4</u> Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
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| 13a. FATHER'S NAME <u>Unknown</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>G.A. Burkholder</u> | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G.A. Burkholder, 308 Webb St. Duenweg, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia.</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis.</u> | | | | | | | | | | <u>2 years</u> | |
| | | DUE TO (c) | | | | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | | | |

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| 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>4222</u> | | | | | |
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| 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 10-10, 1953, to Oct. 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 6:45P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. B. Kern, 2nd</u> | | | | 23b. ADDRESS <u>530 1/2 Main St. Jasper</u> | | | | 23c. DATE SIGNED <u>11-2-53</u> | | | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-28-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u> | | | 24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Missouri</u> | | | | |
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| DATE REC'D BY LOCAL REG. <u>11-2-53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u> | | | | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490

RECEIVED NOV 9 1953

Jasper County Health Office

County File Number 53-11-897

Date Filed NOV 9 1953

Handwritten signature: J. C. Simpson

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

15753 88

Signed *Jack C. Simpson*

01-81

Licensed Embalmer No. *4647*

P. O. Address *Webb 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.