No. 300
10.48

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5376

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 5680 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ENTERPRISE TWP
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): 8mi S.E. OF BROWNING

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD 0582
d. STREET ADDRESS (If rural, give location): 928 N. MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): H. BURK
c. (Last): HOLDER

4. DATE OF DEATH (Month) (Day) (Year): MAR. 5, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: OCT. 27, 1880
9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): LINN COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: DANIEL BURKHOLDER
13b. MOTHER'S MAIDEN NAME: CAROLINE GALLMAN
14. NAME OF HUSBAND OR WIFE: ETHEL WILSON

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: GLENN BURKHOLDER, BROOKFIELD, MO

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) multiple skull fractures and crushing body injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Run over by caterpillar tractor

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS E9121 3

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 0.5.8 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 5 1954 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? caterpillar tractor backed over him while supervising pond digging at home

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Carter M.D.
23b. ADDRESS: Browning Missouri
23c. DATE SIGNED: March 7, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 7, 1954
24c. NAME OF CEMETERY OR CREMATORY: ROSE HILL
24d. LOCATION (City, town, or county) (State): BROOKFIELD, MO

DATE REC'D BY LOCAL REG.: Mar 10-'54
REGISTRAR'S SIGNATURE: Elva Cookshanks 16570
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.