

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29917**
Registrar's No. **514**

FILED OCT 14 1954

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3009		State File No. 29917		Registrar's No. 514			
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff			c. LENGTH OF STAY (In this place) 21da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital				d. STREET ADDRESS (If rural, give location) 2707 S. 10th							
3. NAME OF DECEASED (Type or Print) a. (First) Sharon b. (Middle) Leona c. (Last) Burkett			4. DATE OF DEATH (Month) (Day) (Year) 9-29-54								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 7-10-54/1949		9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Paul Burkett				13b. MOTHER'S MAIDEN NAME Norma Nunn				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Paul Burkett, St. Louis, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MOTOR VEHICLE ACCIDENT								INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Collision between two automobiles. Multiple								2 da	
		DUE TO (c) injuries - did not regain consciousness									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Consciousness									
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public highway			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wayne County Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-54 8:30				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Collision between two autos.					
22. I hereby certify that I attended the deceased from 9-27 , 19 54 , to 9-29 , 19 54 , that I last saw the deceased alive on 9-29 , 19 54 , and that death occurred at 4 P m., from the causes and on the date stated above.											
23a. SIGNATURE Harold Odenbach (Degree or title) MD					23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 10-4-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-54		24c. NAME OF CEMETERY OR CREMATORY Miller Creek			24d. LOCATION (City, town, or county) (State) Wayne County				
DATE REC'D BY LOCAL REG. 10/9/54		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff Mo						

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

RECEIVED

OCT 11 1954
BUTLER CO. HEALTH CENTER

FILE No. _____

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 9-29

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Jenchel

Licensed Embalmer No. 2936

P. O. Address Paper Bluff

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.