

FILED OCT 19 1954 STANDARD CERTIFICATE OF DEATH

State File No. **34680**

07802

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

BIRTH NO. _____		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 5813		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Upper Loutre		c. LENGTH OF STAY (If in this place) 49 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Upper Loutre 0700			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2miles west of Wellsville				d. STREET ADDRESS (If rural, give location) 2 miles west of Wellsville			
3. NAME OF DECEASED (Type or Print) a. (First) ERWIN		b. (Middle) JACOB		c. (Last) BURKHALTER		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 9 1869	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (State or foreign country) Allen town Penna.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Edwin H. Burkhalter		13b. MOTHER'S MAIDEN NAME Amanda E. Cooper		14. NAME OF HUSBAND OR WIFE Clara Burkhalter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Erwin Burkhalter Jr. Wellsville 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure ANTECEDENT CAUSES due to (b) into myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 15 years	
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) _____		4-222	
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? _____			
22. I hereby certify that I attended the deceased from Jan 1 , 1954, to Oct. 5 , 1954, that I last saw the deceased alive on Oct 5 , 1954, and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter H. Willard				23b. ADDRESS Wellsville		23c. DATE SIGNED 10/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/54		24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
DATE REC'D BY LOCAL REG. 10-14-1954		REGISTRAR'S SIGNATURE W.S. Born and Jr. 425		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A.B. Wells Wellsville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

A. B. Kella

Licensed Embalmer No. _____

P. O. Address _____

*1588
Kellsville 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.