

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41913**

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **450**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 809 W 6th St. 0804	

3. NAME OF DECEASED (Type or Print)	a. (First) Jacob	b. (Middle) A	c. (Last) Burkey	4. DATE OF DEATH (Month) (Day) (Year) Dec 10th 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 Apr 9th 1875	9. AGE (In years Last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Rtd)	10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing	11. BIRTHPLACE (City and State or Foreign Country) Not obtained	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Anthony Burkey	13b. MOTHER'S MAIDEN NAME Margaret Eagle	14. NAME OF HUSBAND OR WIFE Not obtained
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Not obtained	17. INFORMANT'S SIGNATURE OR NAME Mrs. L. P. Howard	ADDRESS Sedalia, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arrhythmia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4331			

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) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **12-3, 1954 to 12-10, 1954**, that I last saw the deceased alive on **12-10, 1954** and that death occurred at **1:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. Campbell	23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 12/11 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-12-54	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 12-15-54	REGISTRAR'S SIGNATURE J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE R. C. Mahan and Son	ADDRESS Moberly, Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

804

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.....
Signature of Student Embalmer

Signed *Frank D. Witt*.....

Licensed Embalmer No. *3021*.....

P. O. Address *Proberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.