

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 651

FILED JAN 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u> <u>0272</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Boonville</u> c. LENGTH OF STAY (If in place) <u>1 Mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Jo Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u> <u>0272</u> d. STREET ADDRESS (If rural, give location) <u>315 Chestnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C</u> c. (Last) <u>Burkett</u>		4. DATE OF DEATH <u>Jan 12-55</u> (Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 24 1893</u>		9. AGE (In years last birthday) <u>61</u> If under 1 year: Months <u>3</u> Days <u>11</u> If under 24 hrs: Hours <u>11</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Burkett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bernard</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>499-05-0035</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Burkett Ashland, Mo</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>± 2 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4200</u> 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) _____			
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 <u>12-14-54</u> , 19____, to <u>1-12-55</u> , 19____, that I last saw the deceased alive on <u>1-12-54</u> , 19____, and that death occurred at <u>4:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. M. Stuart, M.D.</u> (Degree or title)				23b. ADDRESS <u>329 Main Boonville MO</u>		23c. DATE SIGNED <u>1-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant Cem Ashland, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>1/14/55</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Burnett Ashland, Mo.</u>		ADDRESS _____	

(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 W. M. Q. Burnett

Licensed Embalmer No. 3564

P. O. Address Askland 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.