

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32925

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>152</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Tindall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. Box 195</u> <u>0400</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u>			b. (Middle) <u>R. Burkey</u>		c. (Last) <u>bile</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 26 1914</u>		9. AGE (In years last birthday) <u>40</u> 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) <u>Trenton Foods.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Glen Burkey bile</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA OWENS</u>			14. NAME OF HUSBAND OR WIFE (Johnston) <u>Eliza Burkey bile.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>487-07-1093</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eliza Burkey bile - Tindall, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza-Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>About 4 days</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>480X</u>							
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Oct 17</u> , 1955, to <u>Oct 19</u> , 1955, that I last saw the deceased alive on <u>Oct 19</u> , 1955, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C. H. Cullers M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>Oct 20 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goshen Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-25-55</u>		REGISTRAR'S SIGNATURE <u>Deene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis - Blockmore Trenton, Mo</u> <u>Hawley Hobbs</u>					

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.....
Gordon Blackmon

Licensed Embalmer No. 460

P. O. Address Trenton,

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.