

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8516**

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 2016	Registrar's No. 83
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 631 E. Capitol Ave.		
3. NAME OF DECEASED (Type or Print) Edgar William Burkett		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) March 14, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1881	9. AGE (In years last birthday) 74 # UNDER 1 Year 7 # UNDER 1 Mos. 21 # UNDER 1 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (City and State or Foreign Country) New Bloomfield, Mo.
12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Joseph Burkett		13b. MOTHER'S MAIDEN NAME Annie Powell		14. NAME OF HUSBAND OR WIFE Edna Burkett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Edna Burkett Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH indef.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis		indef.
		DUE TO (c) uremia due to nephrosclerosis		indef.
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)		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 1-15 , 1956, to 3-14 , 1956, that I last saw the deceased alive on 3-14 , 1956, and that death occurred at 1 ^a m., from the causes and on the date stated above.				
23a. SIGNATURE J. Inouye, M.D.		23b. ADDRESS 515 E. High St.		23c. DATE SIGNED 3-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery
		24d. LOCATION (City, town, or county) (State) Holt Summit, Mo.		
DATE REC'D BY LOCAL REG. 15 Mar 1956		REGISTRAR'S SIGNATURE R. P. Dorris MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buesche ADDRESS Jefferson City, Mo

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

68-0

MAR 2 1955

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 *Victor Kresche*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, 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.