

STANDARD CERTIFICATE OF DEATH

State File No. **21265**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jackson		c. CITY OR TOWN Mexico	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #2 PARIS		e. STREET ADDRESS (If rural, give location) 113 N. Mississippi	

3. NAME OF DECEASED (Type or Print) Henry Jackson Burkett			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Feb. 5, 1885	
				9. AGE (In years last birthday) Months Days Hours Min. 71	
11. BIRTHPLACE (City and State or Foreign Country) Marion County, Virginia				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Isaac N. Burkett		13b. MOTHER'S MAIDEN NAME Charity Cline		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Walter Burkett		ADDRESS Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Stomach U.L. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ray Dugonia 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 1 1/2	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **July 10, 1956**, to **June 10, 1956**, that I last saw the deceased alive on **June 10, 1956** and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Geo M. Pappale MD		23b. ADDRESS Paris, Mo		23c. DATE SIGNED July 13	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 13		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
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DATE REC'D BY LOCAL REG. 7-12-56		REGISTRAR'S SIGNATURE J. A. Barnes M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home		ADDRESS Mexico	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

4350

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.....
Licensed Embalmer No. 46.57

P. O. Address.....
Mexico, D.F.

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.