

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 017820  
State File No. ....

FILED JUN 10 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>			
b. CITY OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>CAMERON</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>McLORNEY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>0250</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>BURKETT.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5, 1957</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 20, 1880</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WINSTON, MO</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>WINSTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>					
13a. FATHER'S NAME <u>AMOS BURKETT</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH CASTER</u>			14. NAME OF HUSBAND OR WIFE <u>MARY ALICE BURKETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. J.R. MORTON, BROOKFIELD, 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>Acute coronary occlusion.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</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? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>9-9-55</u> , 19 <u>55</u> , to <u>6/5/57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>57</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. V. Johnson, M.D.</u>				23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>6/5/57.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 7, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/7/57</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK CAMERON, MO.</u>			

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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.....  
*Leona Crunk*

Licensed Embalmer No. 253

P. O. Address.....  
*Cameron*

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.