

Health
Public
Service

300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-8

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20394

FILED JUN 25 1957

STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 5275 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francisville Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Revere, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's</u> Length of stay in 1b <u>6 hours</u>		d. STREET ADDRESS (If outside, give location) <u>39</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>Burkhead</u> Last <u>Burkhead</u>			4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 14, 1881</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Clark County Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
13. FATHER'S NAME <u>Abraham Burkhead</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
14. MOTHER'S MAIDEN NAME <u>Stella Mae Steiner Burkhead</u>		17. INFORMANT <u>Mrs. Roy Gregory - St. Francisville Mo.</u> Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Viruses Brevinema</u> DUE TO (b) <u>Malnutrition</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan. 1951</u> to <u>June 2-1956</u> and last saw ^{her} him <u>alive on June 3-1956</u> Death occurred at <u>11:30 p.m.</u> on the <u>date</u> stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. L. McManis M.D.</u> (Degree or title)		22b. ADDRESS <u>Revere Mo.</u>	
22c. DATE SIGNED <u>6/3-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clark County - Mo.</u>
24. FUNERAL DIRECTOR <u>Otis L. Cutting</u> ADDRESS <u>Kahoka, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/19-1957</u>	
		26. REGISTRAR'S SIGNATURE <u>J. L. Burkhead</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 John Bohin Student Embalmer No. 5 working under my personal supervision..

Student John Bohin
Signature of Student Embalmer

Signed Oliver L. Sutter

Licensed Embalmer No. 29

P. O. Address Luray,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.