

FILED JAN 27 1958

HEALTH, DEPARTMENT OF PUBLIC WELFARE
 STANDARD CERTIFICATE OF DEATH

2425

STATE FILE NUMBER

 Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 305

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u>		c. CITY OR TOWN <u>Huntsville</u>		d. STREET ADDRESS (If outside, give location) <u>North Main Street</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Main Street</u>		Length of stay in lb <u>18 months</u>		d. STREET ADDRESS (If outside, give location) <u>North Main Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Mary</u>		Middle <u>Elizabeth</u>		Last <u>Burckhart</u>		Month <u>January</u> Day <u>17</u> Year <u>1958</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>December 29, 1921</u>	
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (City and state or country) <u>Huntsville, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>United States</u>			
13. FATHER'S NAME <u>Frank Raine</u>				14. MOTHER'S MAIDEN NAME <u>Nellie Breckenridge</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Claude Burckhart: Huntsville, Missouri</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>Adeno. Carcinoma R. Breast</u> <u>E Metastases to Brain & Lung</u> DUE TO (b) _____ DUE TO (c) _____ 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 <u>2 yr</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>170X</u>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____					
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 2, 1958</u> to <u>Jan 17, 1958</u> and last saw <u>her</u> alive on <u>1/17/58</u> Death occurred at <u>1301 P. W. I. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. Dreyer MD</u>				22b. ADDRESS <u>Huntsville, Mo.</u>		22c. DATE SIGNED <u>1/18/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>1-19-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Tom B. Patton Huntsville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-19-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>	

(Licensed Embalmer's Statement on Reverse Side)

 health,
 Welfare
 Public
 Service

 0880
 300
 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Tom D Patton*.....

Licensed Embalmer No. *39*.....

P. O. Address *Huntsville*.....

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.