

Health, Welfare, Public Service
 300
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 110
 All diseases in Part I must be causally related.

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-004803

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Billings, RFD Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Length of stay in 1b 3 years*	d. STREET ADDRESS (If outside, give location) 2 1/2 miles East Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DANNY JOHN BURKY			4. DATE OF DEATH Month Day Year Feb. 24, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY - - -	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Johnny Burky		13b. MOTHER'S MAIDEN NAME Susan Oetker	14. NAME OF HUSBAND OR WIFE none
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 Johnny Burky, Rt. 1, Billings, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Skull Fractures			INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			8300
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Rear Wheel of School Bus driven by father of deceased backed over head of deceased.	
20c. TIME OF INJURY 5:15 p.m. 2/24/1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Polk Twsp. Christian Missouri COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 5:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wesley Harris</i> (Degree or title) Coroner		22b. ADDRESS Clever, Missouri	22c. DATE SIGNED 2/27/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/27/1958	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Billings, Missouri
24. FUNERAL DIRECTOR <i>Wesley Harris</i> ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. March 5/1958	26. REGISTRAR'S SIGNATURE <i>Oliver Hutter</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *J. Sean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.