

MAY 4 1959		THE DIVISION OF HEALTH OF MISSOURI		59-012454		
REG # A462		STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER		
Registration District No. 43		Primary Registration District No. 3007		Registrar's No. 207		
1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARQUAND	c620 0	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 26 DAYS	d. STREET ADDRESS (If outside, give location) GRAVELTON ROUTE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle LEE Last BURKHART			4. DATE OF DEATH Month APRIL Day 13 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/31/93	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO. 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. N. BURKHART		13b. MOTHER'S MAIDEN NAME FRANCES SENTER		14. NAME OF HUSBAND OR WIFE NOT APPLICABLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS, ACUTE.					INTERVAL BETWEEN ONSET AND DEATH 1 Week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) OBSTRUCTION OF COMMON BILE DUCT.					Unknown	
DUE TO (c) CHRONIC PANCREATITIS.					Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. PYELONEPHRITIS, CHRONIC. 2. MESENTERIC THROMBOSIS. 5871					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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. Attended the deceased from March 18, 1959 to April 13, 1959 and last saw her/him on April 13, 1959 Death occurred at 9:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. LESTER HARWELL, M.D., Actg. Pathologist			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 4/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY LUTHERAN COM		23d. LOCATION (City, town, or county) (State) GRAVELTON MO		
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 4/25/59	26. REGISTRAR'S SIGNATURE [Signature]			

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 *Raymond B. Wilson*

Licensed Embalmer No. *4884* P. O. Address *Frederickton*

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.