

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028706

FILED VS SEP 14 1959 128

Registration District No. 2000

Registrar's No. 927

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 15 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 West Chase			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1010 West Chase			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELLIE Middle GERTRUDE Last BURKHART				4. DATE OF DEATH Month August Day 31 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 7-1899-59	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and state or country) Garrison, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas B. Case			13b. MOTHER'S MAIDEN NAME Mary Emily Thornton		14. NAME OF HUSBAND OR WIFE Lloyd C. Burkhart		
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 Address Camp Lejeune, N. Carolina M/Sgt. Paul Burkhart				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, generalized						INTERVAL BETWEEN ONSET AND DEATH 27 May '59	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of cervix + uterus						31 Aug - 59	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
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 27 May '59 to 31 Aug '59 and last saw her ^{her} live on 27 Aug '59 Death occurred at 11:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Samuel E. Knabb, M.D. (Degree or title)				22b. ADDRESS 1630 N. Jefferson			22c. DATE SIGNED 4 Sept 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/4/1959	23c. NAME OF CEMETERY OR CREMATORY Garrison Cemetery		23d. LOCATION (City, town, or county) (State) Garrison, Missouri		
24. FUNERAL DIRECTOR Jean Harris, ADDRESS Clever, Mo.			25. DATE RECD. BY LOCAL REG. 9-9-59		26. REGISTRAR'S SIGNATURE Effie G. Melton		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Alan 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.