URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–038983

STATE FILE NUMBER

FILED VS DEC 14 1959

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1221

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

C. Round y M.D

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 55 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2514 Oak Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2514 Oak St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Friend Middle: Oval Last: Burkeybile
4. DATE OF DEATH: Month: December Day: 4, Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.19,1880
9. AGE (last birthday): 79 — 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): Ret. Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: Self employeed
11. BIRTHPLACE (City and state or country): Spickard, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Allen Jackson Burkeybile
13b. MOTHER'S MAIDEN NAME: Sarah Jane Mead
14. NAME OF HUSBAND OR WIFE: Ina Gladys Burkeybile
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs. Ina Burkeybile Address: St.Joseph,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): Artériosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant Tumor of the Colon — Unk.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/20/59, to 12/4/59 and last saw ~~he~~ him alive on 12/3/59
Death occurred at 8:55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ollie Rounds M D
22b. ADDRESS: Kirkpatrick Building St. Joseph, Missouri
22c. DATE SIGNED: 12/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec.7, 1959
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Public Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

24. FUNERAL DIRECTOR: Meierhoffer-Flaemann Inc. ADDRESS: St.Joseph,Mo.
25. DATE RECD. BY LOCAL REG.: Dec.9,1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

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