

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

OCT 10 1960

-60-034216

Dr. Cox

77

3016

334

STATE FILE NUMBER

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

INDEXED

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cole									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 76yrs		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 315 West Atchison		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Andrew Middle Martin Last Burkel				4. DATE OF DEATH Month Oct Day 1 Year 1960									
5. SEX Male		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 July-9-1867		9. AGE (last birthday)- 93		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Merchant				10b. KIND OF BUSINESS OR INDUSTRY Retail Shoes		11. BIRTHPLACE (City and state or country) Hof, Bavaria, Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Michael Burkel				13b. MOTHER'S MAIDEN NAME Not Known				14. NAME OF HUSBAND OR WIFE Anna Louise Burkel					
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.		17. INFORMANT Address L.A. Burkel, Jefferson City, 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) Aspiration										INTERVAL BETWEEN ONSET AND DEATH 2wk			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis severe										years years			
DUE TO (c) generally													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) multiple aneurismal sac.								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 _____ a.m. _____ p.m.		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 Sept. 1960 to Oct 1-1960 and last saw her/him alive on Oct 1-1960 Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE William A Cox M.D.						22b. ADDRESS 175 E High St Jefferson City			22c. DATE SIGNED Oct 3 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/3/1960		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery			23d. LOCATION (City, town, or location) Jefferson City, Mo						
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 30 October 1960		26. REGISTRAR'S SIGNATURE R.P. Davis, Registrar, Dep					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 25 1960

VS OCT 14 1960

VS OCT 10 1960
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 *Robert Gordon*

Licensed Embalmer No. *1786*
P. O. Address *Jefferson City*

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.