

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-026142  
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 17

AMENDED

FILED AUG 2 1961

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Linn</b>		c. CITY OR TOWN <b>Jefferson City</b>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linn Manor Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>214 Pine St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Cleveland</b> Last <b>Burkett</b>			4. DATE OF DEATH Month <b>July</b> Day <b>29</b> Year <b>1961</b>		
--	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4-27-1886</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>	IF UNDER 24 HR Hours <b>2</b> Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>New Bloomfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>Josiah Burkett</b>	13b. MOTHER'S MAIDEN NAME <b>Annie E. Powell</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Pauley Burkett</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT <b>Mrs. T. C. Burkett, Jr. Jeff City, Mo.</b>	Address <b>205 Lincel St</b>
---	--	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Paralytic Polytous, advanced.</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related disease condition given in PART I (a)		terminal <input type="checkbox"/>	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 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 <b>8:30</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month <b>July</b> Day <b>29</b> Year <b>1961</b>
--	--

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 <b>Linn</b>	COUNTY <b>Cole</b>	STATE <b>Missouri</b>
--	--	---	-----------------------	--------------------------

21. I attended the deceased from <b>Jan 1, 1961</b> to <b>July 29, 1961</b> and last saw him alive on <b>July 29, 1961</b> Death occurred at <b>8:30 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <i>Thomas W. Balkum</i> (Degree or title) <b>Dr</b>	22b. ADDRESS <b>Linn</b>	22c. DATE SIGNED <b>7-31-61</b>
---	-----------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 1st, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Callaway Co Missouri</b>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <b>Buescher Funeral Home . Jeff City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 31, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Martin</i>
---	--	---

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.