

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037363

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 19

**FILED OCT 4 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>STODDARD</b>		a. STATE <b>MO.</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PIKE TWN.</b>		c. CITY OR TOWN <b>BELL CITY.</b>	
Length of stay in 1b Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At-Home</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. # 1.</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>HENRY J. BURKHART</b>			4. DATE OF DEATH Month Day Year <b>JULY 23, 1962</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</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>6/21-1874</b>
9. AGE (last birthday) <b>88</b>		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) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Crop farming</b>	11. BIRTHPLACE (City and state or country) <b>WAYNE COUNTY, MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>JOSEPH BURKHART</b>	
13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>-----</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>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Jack Ramsey, Bell City, Mo. Rt. # 1</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>No Medical Attendant</b>			
DUE TO (b) <b>Since 1956 when he had Cerebral Vascular accident</b>			
DUE TO (c) <b>Dr. Stephen Parks M. D., attendant at that time.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Had last Stroke in March 1962</b>			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 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 _____ to _____ and last saw her/him alive on _____			
Death occurred at <b>7 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Bernice Moore, R. Reg.</b>		22b. ADDRESS <b>Adelaine Mo.</b>	22c. DATE SIGNED <b>10/6/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 25-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill cem.</b>	23d. LOCATION (city, town, or county) (State) <b>Stoddard Co. Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>CHILES UND. CO., BLOOMFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7/26/62</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Moore</b>

It seems as if a

HENRY J. BURKHART  
died from result of stroke.  
The undertaker talked to family  
and people in area, they seemed to  
give this information. It was also  
in local newspaper, that the  
above death was due to stroke which  
he had had.

The doctor, Dr. Stephen Parks M.D.  
is no longer located in  
Bloomfield, Missouri, ~~XXXXXXXXXX~~  
~~but~~

He moved away ~~recently~~ some time  
ago.

*Bernice Moore* NSED EMBALMER  
*B. Registrar*

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 *Swan C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.