

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0030590  
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4213 Registrar's No. 205

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1967

VS 300  
Rev. 4/59

1 0420  
2 0420  
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4 0  
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12 91-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONTROSE</b>		c. CITY OR TOWN <b>MONTROSE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>M.F.A. SERVICE STATION</b>		d. STREET ADDRESS (If outside, give location) <b>GENERAL DELIVERY</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH WENTZEL BURKHART</b>		4. DATE OF DEATH Month Day Year <b>August 8 1967</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-14-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF EMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTRY</b>	9. AGE (last birthday) <b>69 YEARS</b>
11. BIRTHPLACE (City and state or country) <b>BAHNER, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>IGNATIUS BURKHART</b>		13b. MOTHER'S MARDEN NAME <b>MARY STRAKA</b>	14. NAME OF HUSBAND OR WIFE <b>LEONA BURKHART</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>496-05-6929</b>	
17. INFORMANT <b>LEONA BURKHART - MONTROSE, MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>SUDDEN</b>
DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			<b>CHRONIC</b>
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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1960</b> to <b>now</b> and last saw <sup>her</sup> him alive on <b>AUG 8 1967</b> . Death occurred at <b>DOA</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.H. Brownsberger MD</b>		22b. ADDRESS <b>Appleton Cds, Mo</b>	
22c. DATE SIGNED <b>aug 10 '67</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-11-1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. MARYS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MONTROSE, MISSOURI</b>
24. FUNERAL DIRECTOR <b>MONTROSE FUNERAL CHAPEL</b>		25. DATE RECD. BY LOCAL REG. <b>8-14-67</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>

**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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, 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.

Permit Obtained 8-14-09  
WMB