

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1872

State File No. \_\_\_\_\_

FILED FEB 8/1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 2#7

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Just A few hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Earl L. Burt Jr  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Abbie Lou Burt 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased Nov 22 1917  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Earl L. Burt Sr

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Begole

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl L. Burt Sr

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof Jan 23 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helton

18. (a) Signature of funeral director N.A. McCollum

(b) Address South Gifford Mo

19. (a) 1/25/44 (b) Dr. J. L. Wagner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. South West of Kirksville  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1944 hour 7 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarct. Wholly  
wheel flew off a wood log  
striking him on left  
side of face  
almost instantaneous  
Due to \_\_\_\_\_  
Due to him

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 20 - 1944

(c) Where did injury occur 8 1/2 miles from  
near Gifford, Macon Co., Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
farm home of J.M. Hill

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W.E. Summers (M.D. or other) \_\_\_\_\_

Address Kirksville Mo Date signed 1/25/44

MOTHER FATHER

1049

RECEIVED

District Health Officer No. 10

District File No. 2-44-307

Date Filed FEB 5 1944

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. N. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford 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 this body is not embalmed, fact should be so stated above.