FILED NOV 15 1950

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34267

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5847 Registrar's No. 275

1742 3

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN Burlington Junction — Nodaway twp
c. LENGTH OF STAY (in this place) transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Iowa
b. COUNTY Freemont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farragut
d. STREET ADDRESS (If rural, give location) RFD No 1

8140
8

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Joseph
c. (Last) Burkhiser

4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 28, 1916
9. AGE (In years last birthday) 34 — If under 1 year: Months 4, Days 11, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Farragut, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Conde Burkhiser
13b. MOTHER'S MAIDEN NAME Katherine Roach
14. NAME OF HUSBAND OR WIFE Mary Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Burkhiser — **ADDRESS** RFD No1 Farragut Iowa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest Injuries & Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH: E 8234

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) automobile accident — 32

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no operations
20. AUTOPSY? YES ☐ NO ☑

074

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) Nodaway Twp. **(COUNTY)** Nodaway **(STATE)** Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 8-1950 2 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Automobile turned over after leaving highway - Crushed

22. *I hereby certify that I attended the deceased from* not attended *19____, to _____, 19____, that I last saw the deceased alive on* Not seen *, 19____, and that death occurred at* 1:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE L E Dean MD **(Degree or title)** Coroner
23b. ADDRESS Maryville Mo.
23c. DATE SIGNED 11-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/9/50
24c. NAME OF CEMETERY OR CREMATORY Shenandoah Cem
24d. LOCATION (City, town, or county) Shenandoah, **(State)** Iowa

DATE REC'D BY LOCAL REG. 11-11-50
REGISTRAR'S SIGNATURE Ross Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE J Dunn **ADDRESS** Burlington Jct Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 13 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No. 2968

P. O. Address Bud. Jef. 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.