

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15453

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Hospital				d. STREET ADDRESS (If rural, give location) 1006 North Main			
3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle) Mae		c. (Last) Burkhart		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1951	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20, 1876	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H ome		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Schuyler Co., Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Abner Gardner		13b. MOTHER'S MAIDEN NAME Eliza		14. NAME OF HUSBAND OR WIFE Elmer Burkhart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Burkhart, Kirksville, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma left ovary with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X				INTERVAL BETWEEN ONSET AND DEATH Probably 3 yrs.	
19a. DATE OF OPERATION Aug 1950		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma left ovary c metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from August 10, 1950, to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 5:55 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Hester, Eugene J. M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED May 14, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/51		24c. NAME OF CEMETERY OR CREMATORY Maple Hills		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 5-17-51		REGISTRAR'S SIGNATURE Kate Lambert		HEALTH DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo	

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

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FEB 7 1957

Date Received: MAY 22 1957
DISTRICT HEALTH OFFICE #2
District File Number 5-51-971
Date Filed: MAY 22 1957

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 Bellevue J. Jessel

Licensed Embalmer No. 4690

P. O. Address Kirkville, 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.