

No. 300
10. 48

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29587

State File No. _____
Registrar's No. 293

| | | | | | | | | | | |
|---|------------------------|--|---|---|--|---|--------------------------|------------------------------------|-----------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 4.3 | | PRIMARY REG. DIST. NO. 3007 | | State File No. _____ | | Registrar's No. 293 | | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wayne c. CITY OR TOWN Williamsville | | | | | | |
| b. CITY OR TOWN Poplar Bluff, Mo. | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Williamsville | | d. STREET ADDRESS (If rural, give location) Route #1 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Willaim b. (Middle) Robert c. (Last) Burkett | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept's 10, 1951 | | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 1, 1874 | | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 2 | IF UNDER 1 YEAR Days 3 | IF UNDER 1 MIN. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Williamsville, Mo. 0 | | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
| 13a. FATHER'S NAME Wesley Burkett | | | 13b. MOTHER'S MAIDEN NAME Lucy Carpenter | | | 14. NAME OF HUSBAND OR WIFE Ollie Burkett | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alta Burns, Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Injuries | | | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES | | | | DUE TO (b) trauma | | | | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) Skull fracture - frontal | | | | | | |
| 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 | | | | | | | 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) (Min.) | | 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 9-10, 1951, to 9-10, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 3:10 p. m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. H. Newkirk, M.D. | | | | 23b. ADDRESS (City, town, or county) (State) Poplar Bluff, Mo. | | | | 23c. DATE SIGNED 9-13-51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-14-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Black River Cem. | | 24d. LOCATION (City, town, or county) (State) Wmsville, Wayne Co. Mo. | | | | |
| DATE REC'D BY LOCAL REG. 9-17-51 | | REGISTRAR'S SIGNATURE Wm. H. Johnson | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo. | | | | | |

0124

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

RECEIVED

SEP 27 1961

BUTLER CO. HEALTH CENTER

FILE No.

951-428

OCT 30 1961

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St.

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.

Poplar Bluff, m