S. No. 300
10.48

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43019

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 393

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia-
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Osage 0710
d. STREET ADDRESS (If rural, give location) Coffman- Beach-1

3. NAME OF DECEASED (Type or Print) a. (First) Aaron- b. (Middle) c. (Last) Burkhart

4. DATE OF DEATH (Month) (Day) (Year) Dec 14 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 26 Oct 1865
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-
10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming
11. BIRTHPLACE (State or foreign country) Morgan- Co- Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michiel- Burkhart
13b. MOTHER'S MAIDEN NAME Anna- Crane
14. NAME OF HUSBAND OR WIFE Laura- Burkhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Sarral- Bethel Turner- ADDRESS Sedalia

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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 None
19b. MAJOR FINDINGS OF OPERATION None 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Dec 2, 1952 *to* Dec 14, 1952 *that I last saw the deceased alive on* Dec 14, 1952 *and that death occurred at* 6:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr Dyer M.D
23b. ADDRESS Sedalia- Mo
23c. DATE SIGNED 15 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 17 Dec 1952
24c. NAME OF CEMETERY OR CREMATORY Union Cem
24d. LOCATION (City, town, or county) (State) Morgan - Mo

DATE REC'D BY LOCAL REG. 12/17/52
REGISTRAR'S SIGNATURE A. G. Campbell M.D. Boedie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE Keith M Kays
ADDRESS Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Keith M Kaye

Licensed Embalmer No. 398

P. O. Address Eldon 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.