

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28275**  
Registrar's No. **762-C**

BIRTH **AUG 24 1953**

REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural": Chadwick</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>RFD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELSIE</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>BURKHART</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 13, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24, 1883</b>	9. AGE (In years last birthday) <b>70</b>	if UNDER 1 YEAR Months <b>1</b> Days <b>20</b>	if UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>Ray County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jesse Jenkins</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Cravens</b>	14. NAME OF HUSBAND OR WIFE <b>Newton Burkhardt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Newton Burkhardt, Chadwick, Mo.</b>	ADDRESS <b></b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7.5 minute</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thromboses</b>		Antecedent Causes <b>Coronary Arteriosclerosis</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>no operation</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>
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22. I hereby certify that I attended the deceased from **Aug 12, 1953**, to **Aug 19**, that I last saw the deceased alive on **Aug. 12, 1953**, and that death occurred at **8:55** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gene W. Faithing</b>	23b. ADDRESS <b>Medical Arts Building Springfield, Missouri</b>	23c. DATE SIGNED <b>Aug. 14, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 16-'53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chadwick Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chadwick, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-17-53</b>	REGISTRAR'S SIGNATURE <b>Faith Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>	ADDRESS <b>Clever, Mo.</b>
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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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.