

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35135

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 448

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1915 N. Grand</u> | | d. STREET ADDRESS (If rural, give location) <u>1915 N. Grand</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) _____ c. (Last) <u>Burkett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>July 24, 1953</u> | 9. AGE (In years last birthday) <u>3</u> <u>5</u> <u>0</u> | IF UNDER 1 YEAR IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|-----------------------------------------|-------------------------------------------------------|-----------------------------------------|
| 13a. FATHER'S NAME <u>Floyd Burkett</u> | 13b. MOTHER'S MAIDEN NAME <u>Gladys Hicks Burkett</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|-----------------------------------------|-------------------------------------------------------|-----------------------------------------|

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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) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Burkett</u> ADDRESS <u>Poplar Bluff, Mo.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Life</u> <u>Life</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>under-weight</u> DUE TO (c) <u>Mal Nutrition</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|----------------------------------------|----------------------------------------------------------------------------------|

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|------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 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) <u>7720</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 7-24, 1953, to Oct 29, 1953, that I last saw the deceased alive on 10-25, 1953, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. A. Burton, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>11-2-53</u> |
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|---------------------------------------------------------|---------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-31-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mole Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u> |
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|-----------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>11/4/53</u> | REGISTRAR'S SIGNATURE <u>Frank Michree</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 9 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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. 4574

P. O. Address 412 W. Pine
Spider Bluff - 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.