

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

49

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Upper Loutre</u> <u>0700,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles west of Wellsville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLARA</u>		b. (Middle) <u>SOPHIA</u>		c. (Last) <u>BURKHALTER</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		8. DATE OF BIRTH <u>June 3 1871</u>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>83</u> <u>7</u> <u>1</u>	
11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo. 0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>Christian Schwendker</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Chierholtz</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Burkhalter J. Wellsville Mo</u>		ADDRESS <u>Mo</u>	
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) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiovascular malacia</u> <u>2 mos</u> DUE TO (c) <u>Fracture of humerus</u> <u>10 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040</u> <u>21</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellsville Montgomery Co Mo.</u>			
21d. TIME OF INJURY. <u>Dec 24 54 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>			
22. I hereby certify that I attended the deceased from <u>Dec 24</u> , 19 <u>54</u> , to <u>Jan 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 3</u> , 19 <u>55</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Benjamin D. Kelly</u>				23b. ADDRESS <u>112 N. Clark Groves Mo</u>		23c. DATE SIGNED <u>1/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5 1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. B. Wells Wellsville Mo</u>			

(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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

A. B. Kelly

Signed _____
Student Embalmer

Licensed Embalmer No. *1588*

P. O. Address *Wellsville*

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.