

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7247

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY macon 0611	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Macon		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 6 days		f. STREET ADDRESS (If rural, give location) 206 E. 6th St.			
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp.					

3. NAME OF DECEASED (Type or Print) Gustava Adolph Burkhardt			4. DATE OF DEATH (Month) (Day) (Year) March 24 1955		
a. (First)	b. (Middle)	c. (Last)	5. SEX 0	6. COLOR OR RACE male white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7-17-1875		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? Germany					

13a. FATHER'S NAME Carl Henry Burkhardt		13b. MOTHER'S MAIDEN NAME Christina Seber		14. NAME OF HUSBAND OR WIFE Susie Ann Burkhardt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hospital Records	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic renal failure			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic obstruction			
		DUE TO (c) Carcinoma of head of pancreas Arteriosclerotic heart disease Benign prostatic hypertrophy			3 mos
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			157X

19a. DATE OF OPERATION 3/24/55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of head of pancreas - common Hepatic obstruction			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) m.		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 3/18, 1955, to 3/24, 1955, that I last saw the deceased alive on 3/24, 1955, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip LeMaster, M.D.		23b. ADDRESS Ellis Fischel Cancer Hosp.		23c. DATE SIGNED 3/25/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-25-1955		24c. NAME OF CEMETERY OR CREMATORY BETHLEHAM CEMETERY	
24d. LOCATION (City, town, or county) (State) MACON, MISSOURI		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Max 26 1955 Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31 - Parker Funeral Service, Columbia 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.....
Signature of Student Embalmer

Signed *J. W. Phillips*.....
Licensed Embalmer No. *487*.....

P. O. Address *Columbia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.