

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 12 1956

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Francois Twp.</u>		c. CITY OR TOWN <u>Marquand</u>	
c. LENGTH OF STAY (in this place) <u>1y, 10m, 12d</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Hospital #4</u>		e. STREET ADDRESS (If rural, give location) <u>-----</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ANDREW</u>	b. (Middle) <u>JACKSON</u>	c. (Last) <u>BURKHART</u>	(Month) (Day) (Year) <u>Aug. 21 1956</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>Sept. 1, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Burkhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Caroline Haynes</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital #4, Farmington, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction -----</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u> ANTECEDENT CAUSES Incarcerated hernia ----- 30 hrs. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right inguinal hernia -----</u> Unknown. DUE TO (c) <u>Chronic brain syndrome with cerebral arterio-sclerosis with psychotic reaction.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>8-20-56</u>	
19b. MAJOR FINDINGS OF OPERATION <u>Incarcerated right inguinal hernia.</u>		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) <u>5610</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <u>Oct. 9, 1954, to Aug. 21, 1956</u> , that I last saw the deceased alive on <u>Aug. 21, 1956</u> , and that death occurred at <u>4:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. A. Brennan M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	
23c. DATE SIGNED <u>8-22-56</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yount Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Homan Funeral Home, Marquand, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</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 _____, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul H. Dugal*.....

Licensed Embalmer No. *412*

P. O. Address *Farmington*

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.