

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29813

State File No.

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3066 Registrar's No. 315

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>BOONE</u>	b. CITY (If outside corporate limits, write RURAL, and give township) <u>COLUMBIA</u>	c. CITY OR TOWN <u>Poplar Bluff.</u>	d. Is 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) <u>5 days</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>BUTLER</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MO. Medical Center</u>		e. STREET ADDRESS (if rural, give location) <u>GRAND AVENUE.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Rosa</u>	b. (Middle) -	c. (Last) <u>Burkett</u>	<u>October 1 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>- - 1887</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Christopher</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>	
(If yes, give war or dates of service)				ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithic, Acute</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous gastrectomy</u>			

19a. DATE OF OPERATION <u>9-27-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute Cholelithiasis of gallbladder with stones 584 X</u>		
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)	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 9-26 1956, to 10-1 1956 that I last saw the deceased alive on 10-1 1956 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sheldon A. Smith MD.</u>	(Degree or title)	23b. ADDRESS <u>Univ. of Missouri Med Center 10-2</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fisk</u>	24d. LOCATION (City, town, or county) (State) <u>Fisk, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Oct. 2 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Fisk, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

31-2

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 *Ernest H. Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.