

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Marrion Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Pipe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal mo</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Barry</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>Leveing Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>512 S</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>F.</u> c. (Last) <u>Burkhead</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1956</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 10 - 1873</u>
9. AGE (In years last birthday) <u>83 -</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Baslis Ill.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		12. CITIZEN OF WHAT COUNTRY? <u>Ill.</u>	

13a. FATHER'S NAME <u>Abraham Burkhead</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Burkhead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Burkhead Barry Ill</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cancer of Lung &amp; Pancreas</u>  DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>1998</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 7, 1956 to Oct 7, 1956 that I last saw the deceased alive on Oct 7, 1956 and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Curcell Wood</u>		23b. ADDRESS <u>Hannibal Ill</u>		23c. DATE SIGNED <u>10/8/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct 10 - 56</u>		24b. DATE <u>Oct 10 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry Ill.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Barry</u>		24f. LOCATION (City, town, or county) (State) <u>Ill.</u>	

DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>W. Curcell Wood</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James G. Seeley 5162 Barry Ill.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

89-7

RECEIVED OCT 12 1956  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 12 1956

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**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 ~~.....This body was not embalmed.....~~ Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Hand*

Licensed Embalmer No. *45*

P. O. Address *Hammil*

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.