

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16702**

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **463**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1 Wk.	c. CITY OR TOWN Sparta 0220
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hos.		STREET ADDRESS (If rural, give location) Sparta, Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) Beatrice	b. (Middle)	c. (Last) Burkhart	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Phillips	13b. MOTHER'S MAIDEN NAME (Unknown)	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Burkhardt, Springfield, Mo.	ADDRESS 2337 N. Franklin
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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		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of Uterus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Generalized Metastases 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 Aug. 1956	19b. MAJOR FINDINGS OF OPERATION Sarcoma of Uterus	174X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-13-56**, 19___, to **5-13-57**, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. N. Allen (Degree or title)	23b. ADDRESS 1211 S. Glenstone Springfield Mo	23c. DATE SIGNED 16 May 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Sparta, Cemetery	24d. LOCATION (City, town, or county) (State) Sparta, Missouri
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DATE REC'D BY LOCAL REG. 5-16-57	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	ADDRESS Ozark, Mo.
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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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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.