

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25355
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY <u>Bethel</u> OR TOWN <u>Bethel</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>R. F. D.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>BURDETTE FREDERICK BURCKHARDT</u> First Middle Last			4. DATE OF DEATH <u>July 31, 1957</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 9, 1904</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>6 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant Sea Transportation Service; Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Shelby County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>John Frederick Burckhardt</u>			14. MOTHER'S MAIDEN NAME <u>Minnie Baker</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>494 26 8271</u>	17. INFORMANT <u>Mrs. Gladys Burckhardt Bethel Missouri</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of Aorta - Euphysema of mediastinum - Contusion of Aorta & partial wall of heart</u> DUE TO (b) <u>A rupture of 1, 2, 3, 4, 5, 6, 7, ribs left</u> DUE TO (c) <u>Noeuss - blow into left pleural</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. <u>Heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY <u>8:30 p. m. 7/27 57</u> Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 15 1/2 Mi. west Jct 15 & 168</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bethel Shelby Missouri</u>	
21. I attended the deceased from <u>July 27-31</u> to <u>July 31-57</u> and last saw her <u>her</u> alive on <u>July 31-57</u> Death occurred at <u>4:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A. A. ... M.D.</u> (Degree or title)			22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>8-2-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 3, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>		23d. LOCATION (City, town, or county) (State) <u>Bethel Shelby Missouri</u>
24. FUNERAL DIRECTOR <u>W. ...</u> ADDRESS <u>Hannibal Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-3-57</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by W. C. Fisher</u>	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED AUG 9 1957
MARION CO. HEALTH DEPT.,
DATE FILED AUG 9 1957

AUG 16 1957

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..... *W. Crawford Smith*

Licensed Embalmer No... 381

P. O. Address... Hannibal M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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..