

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006371
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>167</u>	PRIMARY REG. DIST. NO. <u>3090</u>	Registrar's No. <u>78</u>
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		
c. LENGTH OF STAY (in this place) <u>75 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u># 11 Church Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#11 Church Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>BURKETT</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1958</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>May 28, 1873</u>	9. AGE (In years last birthday) <u>84</u> If under 1 year: Months _____ Days _____ If under 1 mo.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during part of year, if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sampsel, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>JACOB SIMMONS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA COOPER</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Burkett (Deceased)</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 ADDRESS <u>Mrs. James Lightner; Chillicothe 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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>4221</u>
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 <u>Jan</u> , 19 <u>54</u> , to <u>Feb 23, 1958</u> that I last saw the deceased alive on <u>Feb 21, 1958</u> , and that death occurred at <u>3:55 AM</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>McCourt DO</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>2/25/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 25, 1958</u>		24c. NAME OF CEMETERY <u>Edgewood</u>
24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>2/25/58</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Gordon, Chillicothe, Mo.</u>

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

MAR 11 1958

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
Student Embalmer

Signed Richard H. Randall

Licensed Embalmer No. 4866

P. O. Address Chillicothe 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 this body is not embalmed, fact should be so stated above.