

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022531  
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 195- Primary Registration District No. 195- Registrar's No. 67-58

300  
1-56

0600

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>McDonald</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Noel</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Noel</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		Length of stay in 1b <b>10 yrs.</b>	d. STREET ADDRESS <b>Rt. I</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>BURDETTE</b> <small>First</small>			<b>CONRAD</b> <small>Middle</small>		<b>BERCK</b> <small>Last</small>
4. DATE OF DEATH <b>7 - 3 - 58</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <b>Dec. 11, 1883</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rancher &amp; Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retiree</b>	11. BIRTHPLACE (City and state or country) <b>Belus, Nebr.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Charles Berck</b>			14. MOTHER'S MAIDEN NAME <b>Susan Hunt</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>505-03-4329</b>	17. INFORMANT Address <b>Mrs. Margaret Berck Noel, Mo. Rt I</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			DUE TO (c) <b>4200</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Diabetes Mellitus</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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 Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>1955</b> to <b>July 1958</b> and last saw him alive on <b>7/3/58</b> Death occurred at <b>6:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. J. Royce M.D.</b> (Degree or title)			22b. ADDRESS <b>Noel, Mo.</b>		22c. DATE SIGNED <b>7/7/58</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-5-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Curtis Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Curtis Nebr.</b>
24. FUNERAL DIRECTOR <b>Smuphrey &amp; Son</b>		ADDRESS <b>Noel, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>	

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 *H. M. Humphrey Jr.*  
Licensed Embalmer No. 47

P. O. Address *Noel*

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.