Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028174
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY: Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Butler 007 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Cancer Hosp. — Length of stay in Ib: 17 days	d. STREET ADDRESS (If outside, give location): Rural Route 6 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Stella, Middle Mae, Last Burkhart

4. DATE OF DEATH: Month 8, Day 30, Year 58

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11-30-58

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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 country): Bates County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Wolf

13b. MOTHER'S MAIDEN NAME: Elizabeth Kennedy

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital Records — Address: Columbia, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Vascular accident (4) — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Post op subtotal gastric — 6 Mo

DUE TO (c): resection for duodenal ulcer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5410

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 8-13-58, to 8/30/58 and last saw her alive on 7 pm 8/30/58

Death occurred at 11 20 pm 8/30/58 on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE: R L Bolton, M.D. (Degree or title)

22b. ADDRESS: Ellis Fischel Hosp

22c. DATE SIGNED: 8/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: Aug. 31-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county): Butler (State): Mo

24. FUNERAL DIRECTOR: Barbaro, ADDRESS: Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: Aug. 31 1958

26. REGISTRAR'S SIGNATURE: Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. may use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Douglas P. Garman

Licensed Embalmer No. 5037

P. O. Address Columbia

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.