

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018524

FILED MAY 26 1959

Registration District No. 248 Primary Registration District No. 5842 State File Number 8 Registrar's No. 8

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-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Racine rural		c. CITY OR TOWN Racine	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. E of Racine		Length of stay in lb 50 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last Elihue Alves Burkhart		4. DATE OF DEATH Month Day Year May 18, 1959	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Racine, Missouri	
13a. FATHER'S NAME Taylor Burkhart		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Miss Alta Burkhart, Racine, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Lungs DUE TO (b) also Secondary Anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Death occurred at July 1957 to May 18 '59 and last saw him alive on Nov. 1958 on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5/21/59	
22a. SIGNATURE John B. Roberts D.O.		22b. ADDRESS Linneca Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-21-1959	
23c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery		23d. LOCATION (City, town, or county) Racine, Missouri	
24. FUNERAL DIRECTOR W. H. Delberne		25. DATE RECD. BY LOCAL REG. 5-22-59	
26. REGISTRAR'S SIGNATURE Mrs. Irene Russell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

Date filed
MAY 23 1959

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. B. Hill*

Licensed Embalmer No. *2174*
P. O. Address *Seneca*

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.