

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31509

State File No. ....

94  
2

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>359</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leadwood</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>							
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Burch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 8, 1900</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead-Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Burch</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Burch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>unknown</u>		16. SOCIAL SECURITY NO. <u>490-18-2340</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Burch, Leadwood, Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		a) <u>Coronary artery disease - due to an unresolvable accident which crushed between two cars, one loaded with empty white working for St. Joseph Co. Leadwood Missouri.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		b) <u>Obstruction</u> c) <u>Crushed pelvis &amp; internal injuries</u>					<u>18911.2</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>mine</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Leadwood St. Francois Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 29, 1949 9:30 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accident while working in mine 94</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Bert L. Miller</u>				23b. ADDRESS <u>Coroner Farmington Mo</u>		23c. DATE SIGNED <u>10/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert L. Boyer</u>		ADDRESS <u>Leadwood Mo</u>	

JAN 10 1950

RECEIVED 10-10-49

Health Officer No. 4

File Number 1049-1334

Date Filed

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 William E Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.