

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34393

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 360

1. PLACE OF DEATH  
a. COUNTY Marion  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri  
c. LENGTH OF STAY (in this place) 24 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Ralls,  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri.  
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print)  
a. (First) Thomas Richard b. (Middle) Burch. c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
Oct, 21, 1949.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH May, 2, 1883

9. AGE (In years last birthday) 66

IF UNDER 1 YEAR Months 5 Days 19

IF UNDER 24 HRS. Hours / Min. /

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Ralls County, Missouri

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

13a. FATHER'S NAME Benjiman S. Burch.

13b. MOTHER'S MAIDEN NAME Delilah Jewellen

14. NAME OF HUSBAND OR WIFE Bessie E. Bull.

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs Dophis Winfree, ADDRESS Perry, Missouri.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac Vascular Accident  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardia-  
DUE TO (c) Accident  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days  
2 ynd  
1331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1949, to 10/29, 1949 that I last saw the deceased alive on 10/20, 1949 and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D. D.

23b. ADDRESS Hannibal, Missouri.

23c. DATE SIGNED 10-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-22-1949

24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery

24d. LOCATION (City, town, or county) (State) Vandalia, Missouri

DATE REC'D BY LOCAL REG. 10-26-49

REGISTRAR'S SIGNATURE Dr. E. M. Lucka Deputy

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Perry, Missouri.

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

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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 .....  
Student Embalmer

Signed Clyde W. Wilkey

Licensed Embalmer No. 3822

P. O. Address Paray, 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.