

FILED MAR 29 1950

# STANDARD CERTIFICATE OF DEATH

 State File No. 10065

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 98

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doe Run</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doe Run</u> d. STREET ADDRESS (If rural, give location) <u>0</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Burch</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 18 1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>February 19, 1897</u>	
<b>9. AGE</b> (In years last birthday) <u>53</u>	<b>IF UNDER 1 YEAR</b> Months <u>0</u> Days <u>29</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Francois County, Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Instructor</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>High School Trade School</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S</u>	
<b>13a. FATHER'S NAME</b> <u>Robert W. Burch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Angeline Mitchell</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hazel Burch</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War I</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Hazel Burch Doe Run, Missouri</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs.</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<u>4201</u>			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>3-18</u> , 19 <u>50</u> , to <u>3-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>50</u> and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> (Degree or title) <u>F. Richard Condit M.D.</u>		<b>23b. ADDRESS</b> <u>Farmington Mo.</u>		<b>23c. DATE SIGNED</b> <u>3-20-50</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>March 21, 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>DOOF Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Doe Run, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 20, 1950</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ether Rudloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Miller Funeral Home Farmington, Missouri.</u>		

RECEIVED

MAR 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-449

MAR 29 1950

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 Paul Regal

Licensed Embalmer No. 4120

P. O. Address Leamington Mass

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.