

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32613**

150
4

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

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Boon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville mo 2nd Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton mo 0142</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthie</u> b. (Middle) <u>Denny</u> c. (Last) <u>Burchard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>May 3, 1857</u>
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR <u>5</u> Months	IF UNDER 24 HRS. <u>4</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Nashville Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>S. V. Pitts</u>	
13b. MOTHER'S MAIDEN NAME <u>Ann Marie Winston</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Louise Patton St Louis</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Supremities of Old Age.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>-</u>		22. I hereby certify that I attended the deceased from <u>9-14-50</u> 19, to <u>10-7-50</u> 19, that I last saw the deceased alive on <u>10-7-50</u> 19, and that death occurred at <u>5:40 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Jordan P. D. V</u>		23b. ADDRESS <u>Centerville - Mo</u>	
23c. DATE SIGNED <u>10-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Huntersville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Huntersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B Patton Huntersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maud McBridge</u>	

RECEIVED

10-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed : 10-18-50 -----

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 Tom B. Patton -----

Licensed Embalmer No. 3914 -----

P. O. Address Huntwell, Ind -----

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.