

S. No. 300
17
10-48

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23720

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 3043 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>436 So. 7th ST</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>Burch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1895</u> <u>July 18, 1895</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Enoch Burch</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Marie Fuchs</u>	14. NAME OF HUSBAND OR WIFE <u>EVELYN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Margaret HARRILL Quincy 24</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Choking dying to chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>119</u>	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>7th St + Lyon St</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 21 1957 10:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>	
22. I hereby certify that I attended the deceased from <u>7/21, 1957</u> , to <u>7/22, 1957</u> ; that I last saw the deceased alive on <u>7/21, 1957</u> , and that death occurred at <u>4:21 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert Lanning</u>		23b. ADDRESS <u>Hannibal, Mo</u>	23c. DATE SIGNED <u>7/25/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middlewest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>
DATE REC'D BY LOCAL REG. <u>7/25/57</u>	REGISTRAR'S SIGNATURE <u>W E M Ludke Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O D Ornell Hannibal</u>	

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

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RECEIVED JUL 30 1951
MARION CO. HEALTH DEPT.
DATE FILED JUL 30 1951

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

Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address. Hammel's Inc.

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.