

FILED DEC 21 1951

STANDARD CERTIFICATE OF DEATH

42235
State File No. 197

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5719 Registrar's No. 127

1. PLACE OF DEATH

a. COUNTY Macon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. #1 Bevier, Missouri

c. LENGTH OF STAY (in this place) Life

d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Macon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. #1 Bevier, Missouri

d. STREET ADDRESS (If rural, give location) 2 Miles North of Bevier, Missouri

3. NAME OF DECEASED (Type or Print)

a. (First) Floyd b. (Middle) Henderson c. (Last) Burch

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH March 2, 1895 **9. AGE** (In years last birthday) 56 **IF UNDER 1 YEAR** Months 8 Days 19 **IF UNDER 24 HRS.** Hours 19 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** Same

11. BIRTHPLACE (State or foreign country) Bevier, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME William Burch **13b. MOTHER'S MAIDEN NAME** Louisa Tuhs **14. NAME OF HUSBAND OR WIFE** Clevah Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Clevah Burch **ADDRESS** R.R. #1 Bevier, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LIVER

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 Mos +

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 1561 **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) _____ **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 July 2, 1951, to Nov. 21, 1951, that I last saw the deceased alive on Nov. 21, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Campbell M.D. **23b. ADDRESS** Macon, Mo. **23c. DATE SIGNED** Nov. 24

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 11-23-1951 **24c. NAME OF CEMETERY OR CREMATORY** Bloomington Cemetery **24d. LOCATION** (City, town, or county) (State) Bloomington, Missouri

DATE REC'D BY LOCAL REG. 12-6-51 **REGISTRAR'S SIGNATURE** Josephine King **25. FUNERAL DIRECTOR'S SIGNATURE** Edwards Funeral Service **ADDRESS** Bevier, Missouri

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

DEC 8 1951

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 12-51-197
Date Filed 12-19-51

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 James D. Davis
Licensed Embalmer No. 4478

P. O. Address Bevier, Miss

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.