

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42682

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RANDOLPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RANDOLPH</u>	
c. LENGTH OF STAY (in this place) <u>2 YES</u>		d. STREET ADDRESS (If rural, give location) <u>ELVINS R.F.D. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELVINS R.F.D. 1</u>		d. STREET ADDRESS (If rural, give location) <u>ELVINS R.F.D. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>B.</u> c. (Last) <u>Burch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 7, 1876</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS BURCH</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH BARTLEY</u>	
14. NAME OF HUSBAND OR WIFE <u>MELVINA BURCH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MELVINA BURCH ELVINS, R.F.D. 1 MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paraneoplastic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>591X</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>OCT. 1, 1951</u> , to <u>DEC. 24, 1951</u> , that I last saw the deceased alive on <u>DEC. 24, 1951</u> , and that death occurred at <u>12:30 AM.</u> , from the caused and on the date stated above.			
23a. SIGNATURE <u>W. Brennan 2nd</u> (Degree or title)		23b. ADDRESS <u>Fredricktown Mo</u>	
23c. DATE SIGNED <u>12-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/26/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PENDLETON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DOE RUN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer FUNERAL HOME</u>		ADDRESS <u>LEADWOOD MO</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 30 1951

RECEIVED

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

William E. Bejer

Licensed Embalmer No. _____

4630

P. O. Address _____

Leadwood, 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.