

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11909

State File No. ....

FILED MAY 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 74

RCIA  
043

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

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN County Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>609 S. WASHINGTON</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u>		b. (Middle) <u>MARTIN</u>	
c. (Last) <u>BURCHFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 29 - 52</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>Sept 6 - 1876</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>	11. BIRTHPLACE (State of foreign country) <u>MARSHFIELD Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Wm E. BURCHFIELD</u>	
14. MOTHER'S MAIDEN NAME <u>LUCINDA CAPERNINE</u>		15. NAME OF HUSBAND OR WIFE <u>MRS. J.M. BURCHFIELD</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		17. SOCIAL SECURITY NO. <u>None</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the pancreas</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>5/3/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Same</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
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>7/16</u> , 19 <u>48</u> , to <u>4/29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/29</u> , 1952, and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ch. Garcia M.D.</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo.</u>	
23c. DATE SIGNED <u>5/2/52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24a. DATE <u>5-1-52</u>		24b. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>MEXICO - MO</u>		24d. DATE REC'D BY LOCAL REG. <u>MAY-2-1952</u>	
REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Arnold Jr.</u>	
ADDRESS <u>MEXICO, MO</u>		ADDRESS <u>MEXICO, MO</u>	

MAY 10 1952

APR 27 1953

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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 *Richard Y. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Meris, 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.