S. No. 300
v. 10.48

0532

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

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24921

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 116

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laure Wilson Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn Creek 015-0
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lina
b. (Middle): Lee
c. (Last): Burch

4. DATE OF DEATH (Month) July (Day) 30 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13 1893
9. AGE (If years last birthday): 59 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Henry Anderson
13b. MOTHER'S MAIDEN NAME: Belle White
14. NAME OF HUSBAND OR WIFE: Wm F Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Wm F Burch — **ADDRESS**: Linn Creek Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Decomp. — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mell. tus — 2 Mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 416 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/26, 1952, *to* 7/30, 1952, *that I last saw the deceased alive on* 7/30, 1952, *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Fisher (Degree or title): M.D.
23b. ADDRESS: Knight Bldg. Lebanon, Mo.
23c. DATE SIGNED: July 31, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 2-52
24c. NAME OF CEMETERY OR CREMATORY: Zion
24d. LOCATION (City, town, or county): Camden Co (State): Mo

DATE REC'D BY LOCAL REG.: 7-31-1952
REGISTRAR'S SIGNATURE: Stella L. Gray 424
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery — ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

Received AUG 2 1952
Laclede County Health Unit
File No. 8-52-107
Date Filed AUG 4 1952

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.