

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. HANSS

31476

State File No.

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 919

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD, 0396	
c. LENGTH OF STAY (In this place) 7 YRS.		d. STREET ADDRESS (If rural, give location) 2064 S. HOLLAND 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGER-CONNELLY REST HOME			

3. NAME OF DECEASED (Type or Print) THOMAS	a. (First)	b. (Middle)	c. (Last) BURCHAM	4. DATE OF DEATH SEPT. 28 1953	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH NOV. 29 1885	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY MERCHANT	11. BIRTHPLACE (State or foreign country) WINDSOR, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME R. S. BURCHAM	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE BLANCHE BURCHAM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BLANCHE BURCHAM SPFLD, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral arteriosclerosis		sev. yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 10 49, to Sept 28, 1953, that I last saw the deceased alive on Sept. 27, 1953, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE M. D. Hanss	(Degree or title) M. D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 9-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/29/53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) WINDSOR, MO.
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DATE REC'D BY LOCAL REG. 9-29-53	REGISTRAR'S SIGNATURE Carl Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 5 1956

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 *R. J. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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.