

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

464

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>	c. CITY OR TOWN <u>Advance</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Southeast Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1030</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>MONROE</u> c. (Last) <u>Burchett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1, 1954</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>JAN. 14, 1892</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph W. Burchett</u>	
13b. MOTHER'S MAIDEN NAME <u>Elva Bairdwell</u>		14. NAME OF HUSBAND OR WIFE <u>Cloe Turner Burchett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-14-1617</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cloe Turner Burchett</u>		ADDRESS <u>Advance, 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>Carcinomatous</u> ANTECEDENT CAUSES <u>Carcinoma of Stomach</u> DUE TO (b) <u>1 yr +</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151x</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. 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) (Min.)	
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>Jan 31, 1954</u> to <u>Feb 1, 1954</u> , that I last saw the deceased alive on <u>Jan 31, 1954</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John L. ...</u> (Degree or title) <u>med</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>Feb 3, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Advance, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Morgan</u>	
DATE REC'D BY LOCAL REG. <u>2-4-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Advance, Mo.</u>		25. FUNERAL DIRECTOR'S ADDRESS	

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

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.....
Signature of Student Embalmer

Signed *William H. Morgan*.....
Licensed Embalmer No.....

P. O. Address..... *Advance*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.