

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22111**
Registrar's No. **742**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 742	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		a. STATE Missouri		b. COUNTY Nodaway	
c. LENGTH OF STAY (in this place) 2 yrs. 2 dvs.		c. CITY OR TOWN Pickering		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital No. 2				e. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) JACK	b. (Middle)	c. (Last) BURCH	Month June	Day 28	Year 1954		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	8. DATE OF BIRTH Not given		9. AGE (In years last birthday) Abt. 77	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Not given		13b. MOTHER'S MAIDEN NAME Not given		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nodaway County Court, Maryville, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				Present on admission	
*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				6/26/52	
		DUE TO (b) Hypertension					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		143 X					
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>Jan. 1</u>, 19 <u>54</u>, to <u>June 28</u>, 19 <u>54</u>, that I last saw the deceased alive on <u>June 28</u>, 19 <u>54</u> and that death occurred at <u>2:50 P m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Jarrett Thomas M.D.</i>				23b. ADDRESS St. Joseph, Mo. % State Hosp. #2		23c. DATE SIGNED 6-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-28-1954	24c. NAME OF CEMETERY OR CREMATORY Shearer		24d. LOCATION (City, town, or county) (State) Braddyville, Iowa		
DATE REC'D BY LOCAL REG. July 10, 1954		REGISTRAR'S SIGNATURE <i>Cather M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Price Funeral Home</i>			
				ADDRESS Maryville, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

2

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 *Clem M. Price*.....

Licensed Embalmer No. *1822*

P. O. Address *Marquette*

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.