

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21440

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY OR TOWN <u>Harrisonville</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>701 N. Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 N. Lexington</u>			

3. NAME OF DECEASED (Type or Print) <u>William Bartlett Bartley Burchett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1955</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>April 13, 1877</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Jasper Burchett</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Brooks</u>	13c. HUSBAND OR WIFE <u>Oliver Burchett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-18-104</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. William Burchett Harrisonville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		<u>few hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIAL SCLEROSIS</u> DUE TO (c) <u>HIGH BLOOD PRESSURE</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

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)	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 2-10-1954 to 7-12-1955, that I last saw the deceased alive on 7-10-1955 and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE <u>David S. Long</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>7-14-55</u>
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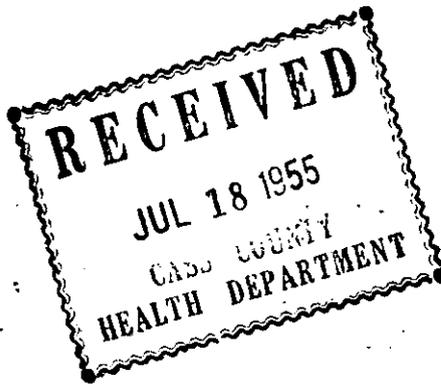
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Dora Barmaid</u>	457-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bro. Hammack, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr., by aff. Aug. 23, 1955

AUG 23 1955



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 *Robert W. Peterson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Hennepin*.....

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.