

17645

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 4490

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4490			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis,</u>		c. LENGTH OF RESIDENCE (Specify town, street, or place) <u>May, 6, 1956</u>		c. CITY OR TOWN <u>St. Clara</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Chronic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>812 1/2 S. _____</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae.</u>			b. (Middle) _____		c. (Last) <u>Burchyett.</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>6,</u> (Year) <u>1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 11, 1905</u>		9. AGE (To years last birthday) <u>50 1/2</u> 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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home,</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Gale, Illinois,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Jaynes.</u>			13b. MOTHER'S MAIDEN NAME <u>Eva. Dillard</u>			14. NAME OF HUSBAND OR WIFE <u>Raymond Burchyett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Burchyett, McClure, Ill.</u>				ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Post-neoplastic Parkinsonism.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>450.0</u>						19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____ (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>Nov. 18, 1947</u> , to <u>May 6, 1956</u> , that I last saw the deceased alive on <u>May 6, 1956</u> , and that death occurred at <u>8:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>George Coker, M.D.</u>				23b. ADDRESS <u>5800 Arsenal St.</u>			23c. DATE SIGNED <u>5/6/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindsay Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McClure, Illinois,</u>			
DATE REC'D BY LOCAL REG. <u>MAY 8 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington,</u>				

(Licensed Embalmer's Statement on Reverse Side)

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, ~~on~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Sadwell*.....

Licensed Embalmer No. *402*.....

P. O. Address *St. Louis*.....

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.