

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1957

STATE FILE NUMBER **8130**

Registration District No. **101** Primary Registration District No. **4173** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>B# Douglas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Douglas</b>				
b. CITY (If outside corporate limits, give TOWNSHIP (only) OR TOWN <b>Ava</b>		Inside Limits Yes <input type="checkbox"/> # No <input type="checkbox"/>		c. CITY OR TOWN <b>Ava</b>		Inside Limits Yes <input type="checkbox"/> # No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Thomas</b> Last <b>Burchell</b>				4. DATE OF DEATH <b>Feb. 26, 1957</b> Month <b>Feb.</b> Day <b>26</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 12, 1881</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Douglas Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Thomas Burchell</b>				14. MOTHER'S MAIDEN NAME <b>Kate Scott</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>No ne</b>		17. INFORMANT <b>Lena Madge Burchell, Ava, Mo.</b> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <b>Instantly</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <b>0</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>2-26-57</b> to <b>2-26-57</b> and last saw <sup>him</sup> alive on <b>2-26-57</b> Death occurred at <b>4:30</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Dr. P. P. Haskin D.O.</b>				22b. ADDRESS <b>Ava Mo</b>		22c. DATE SIGNED <b>2-26-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3 1 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ava</b>		23d. LOCATION (City, town, or county) (State) <b>Ava, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Clinkingbeard Funeral Home, Ava, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>3-13-57</b>		26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>		

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Use only black ink or ribbon typewrite if possible.

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84

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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 *Lyle B. Glinkingher*

Licensed Embalmer No. *48*

P. O. Address *Am...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.