

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40237

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 149

149

Primary Registration District No. 1002

1002

Registrar's No. 5514

5514

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 66 YEARS	d. STREET ADDRESS (If outside, give location) 6826 WALROD AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle JEFFERSON Last BURCH			4. DATE OF DEATH Month NOVEMBER Day 21 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 6 1891	9. AGE (In years last birthday) 66 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) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		11. BIRTHPLACE (City and state or country) RAYTOWN, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SAMUEL BURCH		13b. MOTHER'S MAIDEN NAME LUCINDA ZUMWALT	
14. NAME OF HUSBAND OR WIFE MRS. MYRTLE BURCH		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or (unk.own)) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 443-12-8899A	
17. INFORMANT MRS. MYRTLE BURCH		Address 6826 WALROD AVENUE, KANSAS CITY, MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of sigmoid colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Bronchopneumonia	
19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 153X		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 KANSAS CITY		COUNTY _____ STATE _____	
21. I attended the deceased from Oct 28, 1957 to Nov 20, 1957 and last saw him alive on Nov 20, 1957 Death occurred at 12:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. G. Kettner (Degree or title) M.D.		22b. ADDRESS Kansas City, Mo	
22c. DATE SIGNED 11/22/57		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 23 1957	
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State) _____	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH COFFEE KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 11-22-57	
26. REGISTRAR'S SIGNATURE neva minshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

E. G. Kettner



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 Basil V. Honey,

Licensed Embalmer No. 4724
P. O. Address St. C. Mo.

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.