

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010679
State File No.

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4315 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Laplata Mo</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY OR TOWN <u>Laplata Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home. Lived at Home.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Ellen</u> b. (Middle) _____ c. (Last) <u>Burch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 10-1958</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>6-19-1875</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co. Lida Tenn</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Michel Burch</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Roan</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lora Buster</u> ADDRESS <u>Laplata Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>2</u>	
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>Jan 1</u> , 1958, to <u>April 10</u> , 1958, that I last saw the deceased alive on <u>April 10</u> , 1958, and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold D. Christie</u> (Degree or title) _____		23b. ADDRESS <u>Laplata Mo</u>	
23c. DATE SIGNED <u>4-10-58</u>		24. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-12-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laplata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laplata Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/12/58</u>		REGISTRAR'S SIGNATURE <u>Paul M. Neely</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Christie</u>		ADDRESS <u>Laplata Mo</u>	

COUNCIL OF EMBALMERS
Date Filed *11/19/41*
11-28-41
E. PHIMEN

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 *D.S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *LaPlato*

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.