

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028142
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Butler</i> <i>0091</i>
c. FULL NAME OF (If NOT in hospital or institution) <i>MEMORIAL</i> HOSPITAL OR INSTITUTION <i>Butler Hosp.</i>		Length of stay in lb <i>5 days</i>	d. STREET ADDRESS (If outside, give location) <i>800 Summit</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Claude Raymond Burch</i>			4. DATE OF DEATH Month Day Year <i>July 21, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-20-1924</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Milk Router</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hauling</i>	11. BIRTHPLACE (City and state or country) <i>Bates Co., Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. NAME OF HUSBAND OR WIFE <i>Aleta Burch</i>	
13a. FATHER'S NAME <i>Jerry Burch</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Seafus</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes WW2</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>Aleta Burch Butler Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cirrhosis (liver)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Primary</i> DUE TO (c) <i>5810</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
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 Month, Day, Year 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 <i>May 1953</i> to <i>July 21 1958</i> and last saw him alive on <i>July 21, 1958</i> Death occurred at <i>6 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Carter W. Luter M.D.</i>		22b. ADDRESS <i>Butler Mo</i>	22c. DATE SIGNED <i>7-25-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>7-24-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakhill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Butler Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Culver-Underwood Butler Mo</i>		25. DATE RECD. BY LOCAL REG. <i>July 25-1958</i>	26. REGISTRAR'S SIGNATURE <i>Kendall Kersey</i>

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.

AUG 20 1958

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 G. Stumbach*

Licensed Embalmer No. *4657*

P. O. Address *Bethesda, Md.*

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.