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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000139
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUTLER		c. CITY OR TOWN BUTLER ^{cc 710}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 S MAIN		d. STREET ADDRESS (If outside, give location) 414 S. MAIN	
Length of stay in lb 4 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES OLIVER BURCH			4. DATE OF DEATH Month Day Year JAN 3 1959				
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 NOV 27 - 1869		9. AGE (In years last birthday) 89	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 FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME OLIVER H. BURCH		13b. MOTHER'S MAIDEN NAME MARTHA MELAIR		14. NAME OF HUSBAND OR WIFE FAY BURCH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT FAY BURCH - BUTLER MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) left ventricular failure		3 months
	DUE TO (c) generalized arteriosclerosis		20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac asthma		19. WAS AUTOPSY PERFORMED? 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 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 COUNTY STATE		

21. I attended the deceased from Oct. 1952 to Jan. 31, 1959 and last saw ^{her} alive on Jan. 3rd, 1959
Death occurred at 4:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. S. Latta, M.D.		22b. ADDRESS Butler Mo.		22c. DATE SIGNED Jan-7-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-5-59		23c. NAME OF CEMETERY OR CREMATORY PAINVILLE COM-		23d. LOCATION (City, town, or County) (State) BATES Co Mo.	
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24. FUNERAL DIRECTOR CULVER-UNDERWOOD-BUTLER Mo		25. DATE RECD. BY LOCAL REG. Jan. 7-1959		26. REGISTRAR'S SIGNATURE Rendall Kerry	
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(Licensed Embalmer Statement on Reverse Side)

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.

VS OCT 20 1960

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 *John G. Underwood*

Licensed Embalmer No. *3585*
P. O. Address *Butler, M*

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.