

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026135

FILED VS AUG 1 1960

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3010

304

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Alexander				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 1 day		c. CITY OR TOWN McClure Ill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Clinton Last Burchyett				4. DATE OF DEATH Month July Day 22 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-18-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 7 Days 4	IF UNDER 24 HR Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) McClure Ill		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Clinton Burchyett			13b. MOTHER'S MAIDEN NAME Liza Upchurch			14. NAME OF HUSBAND OR WIFE (Flora) Deceased		
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. no		17. INFORMANT Mr Lester Burchyett Address Cape Gir 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) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH Short	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Shock						
		DUE TO (c) Severe enterocolitis						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	Month, Day, Year							
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 2-19-58 to July 22, 1960 and last saw him alive on July 22, 1960			Death occurred at (304) m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John Crowe (Degree or title)				22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED July 23, 1960 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-24-1960	23c. NAME OF CEMETERY OR CREMATORY Lindsay Cemetery		23d. LOCATION (City, town, or county) McClure Ill				
24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Gir Mo.			25. DATE RECD. BY LOCAL REG. 7-29-60		26. REGISTRAR'S SIGNATURE Gene Kasten			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Cecil

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Ester

Licensed Embalmer No. 356

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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.