MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED APR 30 1962 16

-62-014060
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5076 Registrar's No. 3

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
13a,b	Achilles LeRoy Burch,	Martha Melvina Burch	8/31/62
14	Ada May Gray	-	8/31/62

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barton County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richland — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Barton
c. CITY OR TOWN: Jasper — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: Ira Alonzo Burch
4. DATE OF DEATH Month / Day / Year: April 12 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/29/1876
9. AGE (last birthday): 85 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Nodeway Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Achilles LeRoy ~~Alonzo~~ Burch
13b. MOTHER'S MAIDEN NAME: Martha Melvina Burch ~~Ada May Gray~~
14. NAME OF HUSBAND OR WIFE: Ada May Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Blanch Burch, Jasper, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-61, to death and last saw her/him alive on 3-5-62
Death occurred at 5 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.H. Knott M.D.
22b. ADDRESS: Jasper, Mo.
22c. DATE SIGNED: 4-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 15, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
23d. LOCATION (City, town, or county) (State): Barton Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Selvey Funeral Home, Jasper, Mo
25. DATE RECD. BY LOCAL REG.: April 25-1962
26. REGISTRAR'S SIGNATURE: Hazel H. Rugh

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1962

JUN 7 1962

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 George W. Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.