

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031615

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 80

FILED SEP 10 1962	
1. PLACE OF DEATH a. COUNTY Knox b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Edina Length of stay in lb life	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox c. CITY OR TOWN Edina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE ELIZABETH BURCH	
4. DATE OF DEATH Month Day Year Sept 1, 1962	
5. SEX F	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 17 Nov 1871
9. AGE (last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and state or country) Edina, Mo	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Patrick B. Collins	
13b. MOTHER'S MAIDEN NAME Mary Coleman	
14. NAME OF HUSBAND OR WIFE Luther 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 Address Mrs. Ray Watson Edina, 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) Medullary Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia with Cerebral Hemorrhage DUE TO (c) Arteriosclerosis	
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 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Dec 1-61 to Sept 7-62 and last saw her him alive on Sept 1-62 Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) C. Gibson M.D.	
22b. ADDRESS Edina, Missouri	
22c. DATE SIGNED 9/2/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 3 Sept 1962	
23c. NAME OF CEMETERY OR CREMATORY New Catholic Cemetery	
23d. LOCATION (City, town, or county) Edina, Mo	
24. FUNERAL DIRECTOR ADDRESS HUDSON-RIMER FUNERAL HOME Edina, Mo	
25. DATE RECD. BY LOCAL REG. Sept-3-62	
26. REGISTRAR'S SIGNATURE Delia S. Hurrell	

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Jerry L. Dawes, Student Embalmer No. 666
working under my personal supervision.

Student Jerry L. Dawes
Signature of Student Embalmer

Signed A. G. Rimmer

Licensed Embalmer No. 5041

P. O. Address Edina, 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.

Permit requested