

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16512**

FILED JUN 11 1949

58
2

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 227

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>58</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, Mo</u> / <u>1</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, Missouri</u> <u>2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> | | d. STREET ADDRESS (If rural, give location) <u>401 E Howell</u> <u>3</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Burch</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1949</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>April 3, 1854</u> | 9. AGE (In years last birthday) <u>95</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Eversonville Missouri</u> <u>1</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Evan S Thorp</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Josephine Condor</u> | 14. NAME OF HUSBAND OR WIFE <u>John M. Burch</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Burch, Marceline, Mo.</u> ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4:500</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Circulatory Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, Senility</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov, 1949, to May 25, 1949, that I last saw the deceased alive on May 27, 1949 and that death occurred at 9:00 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Robert W. Smith M.D.</u> | 23b. ADDRESS <u>Marceline, Mo</u> | 23c. DATE SIGNED <u>May 25, 1949</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 27, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill, Brookfield, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5/27/1949</u> | REGISTRAR'S SIGNATURE <u>Mary J. Anderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u> ADDRESS <u>Marceline, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Francis Lee Schabug.....

Licensed Embalmer No. 4513.....

P. O. Address Masculine 8no.....

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 this body is not embalmed, fact should be so stated above.