

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34378

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>5749</u>		PRIMARY REG. DIST. NO. <u>5749</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Madison</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 3</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Palk Township</u>				d. STREET ADDRESS (If rural, give location) <u>Weingarten R.R. 1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Perry</u>	b. (Middle)	c. (Last) <u>Burch</u>	Month <u>Oct.</u>	Day <u>16</u>	Year <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white us</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 16, 1913</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>St. Francois Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Perry Burch</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Mund</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Burch</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Burch</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						<u>5 min.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Rheumatic Heart Disease</u>					<u>20 years.</u>	
	DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					<u>(120)</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1929</u> , to <u>1948</u> , that I last saw the deceased alive on <u>June, 1948</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Geo. H. Watkins</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>10-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K-P Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington - Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-19-1949</u>	REGISTRAR'S SIGNATURE <u>Florence Nickel</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>		ADDRESS <u>Farmington, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-26-49
District Health Officer No. 4
District File Number 1049-14
Date Filed _____

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 Paul D. Dwyer

Licensed Embalmer No. 4170

P. O. Address Larmon, 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 this body is not embalmed, fact should be so stated above.