

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41520

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>142</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Johnson</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>	
c. LENGTH OF STAY (In this place) <u>63 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		d. STREET ADDRESS (If rural, give location) <u>317 E. Market St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital & Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>317 E. Market St</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Elijah</u>		b. (Middle) <u>Everett</u>		c. (Last) <u>Burchfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 16 1866</u>	
9. AGE (In years last birthday) <u>83</u>		10. MONTHS (If under 1 year) <u>0</u>		11. DAYS (If under 2 hrs.) <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Music Store</u>		11. BIRTHPLACE (State or foreign country) <u>Sweetsprings Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>E. H. Burchfield</u>		13b. MOTHER'S MAIDEN NAME <u>Kezia C Daniel</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Virginia Burchfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Burchfield Warrensburg Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Cerebral Palsy</u>				<u>2 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>33ix</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>Nov 27, 1949</u> to <u>Dec 12, 1949</u> , that I last saw the deceased alive on <u>Dec 12, 1949</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Warrensburg, MO</u>		23c. DATE SIGNED <u>Dec 14, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 14, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg Mo.</u>	

RECEIVED
DEC 20 1949
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

JAN 20 1950

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 _____

Leo P. McQuirk

Student Embalmer No. *358*

working under my personal supervision.

Student *Leo P. McQuirk*
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.