

No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 355 State File No. 4395

320

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

| | | | | | |
|--|-------------------------------|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>09</u> | | PRIMARY REG. DIST. NO. <u>13-80</u> Registrar's No. <u>12</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hy-Way 36</u> c. LENGTH OF STAY (in this place) <u>Passing Thru.</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy-Way 36 Car accident</u> | | | d. STREET ADDRESS (If rural, give location) <u>3124 S. 15th Street</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Darline</u> | | b. (Middle) <u>Marie</u> | | c. (Last) <u>Burchett</u> | |
| 4. DATE OF DEATH <u>Febr. 15, 1950</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 25, 1928</u> | 9. AGE (In years last birthday) <u>21</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>King Hill Drive-In</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>I. E. Cregger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Daisy Neeland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dallas J. Burchett</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If year, give year of date of service) <u>486-30-0798</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dallas J. Burchett St. Joseph, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Injury</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>88166</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | <u>26</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washington Tr.</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DeKalb Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feby 15-50 1030</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car Accident.</u> <u>032</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1030 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. S. Gale M.D. Coroner</u> (Degree or title) | | | 23b. ADDRESS <u>Osborn Mo.</u> | | 23c. DATE SIGNED <u>2/15/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Febr. 18, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>3-4-50</u> | | REGISTRAR'S SIGNATURE <u>Karola Davidson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Halter Meierhoffer 1946 Colhoun St. St. Joseph, Mo.</u> | |



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

Raymond W. Herlihy

Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri.

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.