S. No. 300
V. 10.48

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

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5511

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville - rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3.3 miles south

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
d. STREET ADDRESS (If rural, give location): 522 South Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): BERNIECE
b. (Middle):
c. (Last): BURCH

4. DATE OF DEATH (Month) (Day) (Year): 2 22 51

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 1/5/08
9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher Grade
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (State or foreign country): Stanberry, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wyatt Watson Burch
13b. MOTHER'S MAIDEN NAME: Ada Muzetta McVey
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-28-0634
17. INFORMANT'S SIGNATURE OR NAME: Mr. & Mrs. W. W. Burch, Raven-
ADDRESS: wood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock & intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Possible skull fracture — E8166 — 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 miles South of Maryville Nodaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 22 1951 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: auto accident Collision

22. *I hereby certify that I attended the deceased from* Feb 22, 19 51, *to* Feb. 22, 19 51, *that I last saw the deceased alive on* Feb 22, 19 51 *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Bauman (Degree or title): M. D.
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 2/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/26/51
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Maryville, Missouri

DATE REC'D BY LOCAL REG.: 3-3-51
REGISTRAR'S SIGNATURE: 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
5 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert L Souter

Signed.....
Student Embalmer

Licensed Embalmer No. 4782

P. O. Address Maryville 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.