

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7550

278

BIRTH NO. 20550-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Buck</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buck</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>2 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>0117 628 Powell St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Burch</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>3</u> (Year) <u>51</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>3-1-51</u>	
9. AGE (In years last birthday) <u>2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>W. A. Burch Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Marie E. Domini</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie Domini</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Collapse due to atelectasis</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) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>  <u>76.20</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)		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)		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>3-1-</u> , 19 <u>51</u> , to <u>3-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-3</u> , 19 <u>51</u> and that death occurred at <u>10:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm B. [Signature]</u>				23b. ADDRESS <u>510 Carby Bldg</u>		23c. DATE SIGNED <u>3-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl A. Clark</u>			
				ADDRESS <u>120 Illinois Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100-#113-7-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Emile Clark* .....

Licensed Embalmer No. *4235* .....

P. O. Address *St. Joseph 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.