

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 36822

BIRTH NO. _____ **REG. DIST. NO.** 101 **PRIMARY REG. DIST. NO.** 5415 **Registrar's No.** 50

1. PLACE OF DEATH a. COUNTY <u>Douglas</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woods</u> c. LENGTH OF STAY (in this place) <u>WOOD</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At her Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woods</u> d. STREET ADDRESS (If rural, give location) <u>9 mi. South of Mt. Grove</u>	
3. NAME OF DECEASED (Type or Print) <u>Sarah</u> (First) <u>Psalm</u> (Middle) <u>Burch</u> (Last) 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1951</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 8. DATE OF BIRTH <u>Feb. 19, 1860</u> 9. AGE (In years last birthday) <u>91</u> <u>8</u> <u>9</u> IF UNDER 1 YEAR IF UNDER 1 MRS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) <u>Lizard Co. Ark.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Daniel Litschky</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Isaac Burch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME <u>John Burch</u> <u>Mt. Grove</u> ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Haemorrhage (Cerebral)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <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) 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>27 Oct</u> , 19 <u>51</u> , to <u>28 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>27 Nov</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> 23b. ADDRESS <u>Mountain Grove Mo</u> 23c. DATE SIGNED <u>10-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>10/31/51</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Watts Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Haggins Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-51</u> REGISTRAR'S SIGNATURE <u>[Signature]</u> 5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mt. Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 11 1951

Dist. File 1151-2020

Date Filed 11-16-51

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

R. W. Barber

Licensed Embalmer No.

3848

P. O. Address

Mrs. Home

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.