S. No. 300
Rev. 10.48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19109

BIRTH NO. _____ REG. DIST. NO. 832 PRIMARY REG. DIST. NO. 4517 Registrar's No. 41

1060
1

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
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): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson 1060
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): Nore
c. (Last): Burchman

4. DATE OF DEATH (Month): 5 (Day): 18 (Year): 52

5. SEX: Femal
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-30-1885
9. AGE (In years last birthday): 67 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home maker
11. BIRTHPLACE (State or foreign country): Redbay Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Teasley
13b. MOTHER'S MAIDEN NAME: Jennie Ewlinger
14. NAME OF HUSBAND OR WIFE: Arthur Burchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Arthur Burchman — **ADDRESS**: Branson 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auricular fibrillation — 1 wk
DUE TO (c):

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: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/11, 1952, *to* 5/18, 1952, *that I last saw the deceased alive on* 5/17, 1952, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. I. Brown — (Degree or title): M.D.
23b. ADDRESS: Branson Mo
23c. DATE SIGNED: 5/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20-52
24c. NAME OF CEMETERY OR CREMATORY: Old Branson
24d. LOCATION (City, town, or county) (State): Branson Mo

DATE REC'D BY LOCAL REG.: May 22-52
REGISTRAR'S SIGNATURE: T E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: R A Whitehead — **ADDRESS**: Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Minnie L. Whitehead

Signed.....
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Bronson, Mi

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.