

FILED JUL 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20973

BIRTH NO.		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 87	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Johnson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (in this place) Life.		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 406 N. Main St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		0512		b. COUNTY Johnson	
3. NAME OF DECEASED (Type or Print) Alice Amanda Burch		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH June-26-1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
8. DATE OF BIRTH March-30-1894		9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Johnson Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lewis M. Harrington		13b. MOTHER'S MAIDEN NAME Sarah Evans	
14. NAME OF HUSBAND OR WIFE George K. Burch - Dead.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elmer L. Burch - Warrensburg, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 9 months	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of uterus					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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 174X				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 3-15, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 1:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE R. Leelooper MD (Degree or title)				23b. ADDRESS Warrensburg		23c. DATE SIGNED 6-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-29-52		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.	
DATE REC'D BY LOCAL REG. June 28, 1952		REGISTRAR'S SIGNATURE Savannah P. Burtch		147-05 FUNERAL DIRECTOR'S SIGNATURE R. A. Brauninger		ADDRESS Warrensburg, Mo.	

RECEIVED
JUL 8 1952
RECEIVED

JOHNSON COUNTY HEALTH DEPT

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.....
Student Embalmer

Signed: *W. M. Bauninger*

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, 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.