

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. HANSS 9394  
State File No. ....

FILED APR 6 1953 BIRTH NO. ... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 345

396  
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>20 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		0396
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>2400 S. HOLLAND</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALLAN</b>		b. (Middle) <b>T.</b>	c. (Last) <b>BURCHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 2 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 10 1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REALTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>WINDSOR, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>R.S. BURCHAM</b>		13b. MOTHER'S MAIDEN NAME <b>LYDA ELBERT</b>		14. NAME OF HUSBAND OR WIFE <b>MATILDA BURCHAM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MATILDA BURCHAM SPFLD., MO.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES <b>Arteriosclerotic Heart Dis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  <b>Rel. yr.</b>
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) <b>4200</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Apr. 1, 1953</b> to <b>Apr. 2, 1953</b> , that I last saw the deceased alive on <b>Apr. 2, 1953</b> and that death occurred at <b>7:30 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. Hanss</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>4-3-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/4/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	24d. LOCATION (City, town, or county) (State) <b>WINDSOR, MO.</b>	
DATE REC'D BY LOCAL REG. <b>4-4-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Register</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>	

**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 *Walter E. Hunter* .....

Licensed Embalmer No. 3808 .....

P. O. Address SPRINGFIELD, 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.