

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17074

State File No.

LED JUN 8 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 630

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <i>01174</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <i>0117</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Dewey-Parkview Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1912 No. 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ETRAM</u>	b. (Middle) <u>PHILLIP</u>	c. (Last) <u>BURCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1953</u>
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5. SEX <u>male</u> <i>0</i>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23, 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber (Ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co. Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>William Burch</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E. Woody</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ida B. Burch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida B. Burch</u>	ADDRESS <u>St. Joseph Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Arteriosclerosis, generalized</u>		<u>?</u>
11. 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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 28 May, 1952 to 31 May, 1952, that I last saw the deceased alive on 31 May, 1952, and that death occurred at 18:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William C. McDonald, M.D.</u>	(Degree or title)	23b. ADDRESS <u>301 N. 8th St.</u>	23c. DATE SIGNED <u>1 June 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 2 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>
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DATE REC'D BY LOCAL REG <u>June 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Robert M. Allison</u> <i>4855</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>	ADDRESS <u>St. Joseph Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
v. 10.48

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

Charles E. Bennett

Licensed Embalmer No. *4677*

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.