

FILED NOV 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 333296

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 173

0190

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

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Peculiar (Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Peculiar Twp	
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		d. STREET ADDRESS (If rural, give location) NE of Harrisonville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pleasant View Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) ROE	b. (Middle)	c. (Last) BURCHETT	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 17, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PRESTONBURG KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BART BURCHETT	13b. MOTHER'S MAIDEN NAME CAROLINA CRIDER	14. NAME OF HUSBAND OR WIFE ARUILLA BURCHETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH BURCHETT DREXEL MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEURO CIRCULATORY DISEASE		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 HOURS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILE PSYCHOSIS		
	DUE TO (c) ARTERIAL HYPERTENSION		
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"/>
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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) 444 X
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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?
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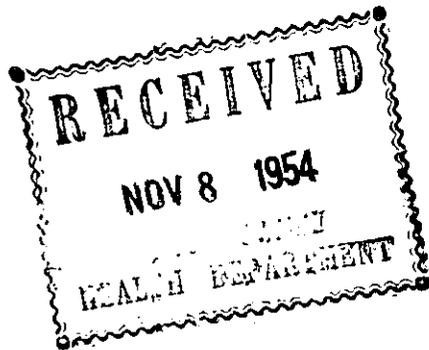
22. I hereby certify that I attended the deceased from **12-4**, 19**54**, to **11-3**, 19**54**, that I last saw the deceased alive on **11-1**, 19**54**, and that death occurred at **1:59** p.m., from the causes and on the date stated above.

23a. SIGNATURE David S Long M.D. (Degree or title)	23b. ADDRESS Harrisonville Mo	23c. DATE SIGNED 11-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 5, 1954	24c. NAME OF CEMETERY OR CREMATORY EVERETT CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR ARCHIE, MO.
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DATE REC'D BY LOCAL REG. Nov 5 1954	REGISTRAR'S SIGNATURE Walter Barriard	4570-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robinson Bros. Archie, Missouri
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(Licensed Embalmer's Statement on Reverse Side)



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 *Robert W. Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Hennepin, 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.