

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 4021 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBOL</u>	
c. LENGTH OF STAY (in this place) <u>1 WK</u>		d. STREET ADDRESS (If rural, give location) <u>907 LINDELL AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>BURCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-55</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-15-1879</u>		9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>PIKE CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>RENFAMIA BURCH</u>		13b. MOTHER'S MAIDEN NAME <u>DELIAH LEWELLEN</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH BURCH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Burch</u> ADDRESS _____	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiorespiratory decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & arteriosclerosis</u>		
	DUE TO (c) <u>Old age</u>		
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 <u>443X</u>		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 2-17, 1955, to 2-26, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 3:20 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Lindsey, D.O.</u> (Degree or title)		23b. ADDRESS <u>Laddonia, Mo.</u>		23c. DATE SIGNED <u>2-26-55</u>	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEM</u>		24d. LOCATION (City, town, or county) (State) <u>LANNIBOL MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-55</u>		REGISTRAR'S SIGNATURE <u>Martha Keenan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Clark - Hannibal, Mo</u>		ADDRESS _____	

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

040
1

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



Licensed Embalmer No. 4217

P. O. Address *Hammond, 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.