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

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13017

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6056</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural- <u>Lowry City</u> township)		c. LENGTH OF STAY (in this place) <u>1 Month</u>		c. CITY OR TOWN <u>Humansville</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler- Township</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 2</u> 02001			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cleetis</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Burchett</u>	
4. DATE OF DEATH		Month <u>April</u>		Day <u>17</u>		Year <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED? <u>WIDOWED, DIVORCED (Specify)</u>		8. DATE OF BIRTH <u>Dec; 20, 1928</u>	
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 2 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In U.S. Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Burchett</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Brock</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>In Service</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Burchett, Humansville Mo;</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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>Suicide</u>					
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway C.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3 Miles East Lowry City Missouri</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2: A.M.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY <u>4-17-55, 2: A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun Shot Wound Self Inflicted</u>			
23a. SIGNATURE <u>Harold Blumrich</u> (Degree or title) <u>Crowner</u>		23b. ADDRESS <u>Osceola Missouri</u>		23c. DATE SIGNED <u>4-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alder</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-19-55</u>		REGISTRAR'S SIGNATURE <u>Paul Seewers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Blumrich</u>		ADDRESS <u>Lowry, Cedar Co. Mo.</u>	

MAY 19 1958

MAY 5 1958

MAY 13 1958

MAY 19 1958

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.....
Signature of Student Embalmer

Signed *J.P. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Essex Vt*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.