

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43228**  
Registrar's No. **47**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6258**

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>None</b>	
b. CITY OR TOWN <b>Rural - Burch SILVA</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hi-way 67 near Burch</b>		e. STREET ADDRESS (If rural, give location) <b>2847 LaFayette</b>	

3. NAME OF DECEASED  
a. (First) **Verland** b. (Middle) **Francis** c. (Last) **Burch**

4. DATE OF DEATH (Month) (Day) (Year) **December 8, 1955**

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>August 31, 1919</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months <b>30</b> Days	IF UNDER 24 HRS. Hours <b>31</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory &amp; Automobile</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Caruthersville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME **Roscoe Owen Burch** 13b. MOTHER'S MAIDEN NAME **Viola Gordon** 14. NAME OF HUSBAND OR WIFE **X**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or date of service) **World War II**

16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Roscoe O. Burch** ADDRESS **Caruthersville, Mo.**

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage of Aorta</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Sec</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>8194 31</b>	

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Hiway 67** 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) **Silva Wayne Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) **12 8 55 9:30** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Car hit Bridge then turned over**

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 **9:30 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Marvin E. Bowler, Coroner** 22b. ADDRESS **Piedmont, Mo** 22c. DATE SIGNED **12/10/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12-10-55** 24c. NAME OF CEMETERY OR CREMATORY **Little Prairie Cem.** 24d. LOCATION (City, town, or county) (State) **Caruthersville Missouri**

DATE REC'D BY LOCAL REG. **12-14-55** REGISTRAR'S SIGNATURE **Bretta Ward 495** 25. FUNERAL DIRECTOR'S SIGNATURE **H.S. Smith** ADDRESS **Funeral Home Caruthersville Missouri**

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

NOV 26 1956

DEC 15 1955

FILE NO. \_\_\_\_\_

WAYNE CO. HEALTH CENTER

DEC 15 1955

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 *W. Denver Pike* \_\_\_\_\_

Licensed Embalmer No. *4484*

P. O. Address *Canthensville Missouri*

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.