

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8713**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>SPRINGFIELD</b>	c. LENGTH OF STAY (in this place) <b>5 DAYS</b>	c. CITY OR TOWN <b>MARSHFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHNS</b>		e. STREET ADDRESS (If rural, give location) <b>1120</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>LLOYD</b> c. (Last) <b>BURCHFIELD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 19 1956</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APR 29 1912</b>	9. AGE (In years last birthday) <b>43</b>	10. MONTHS <b>43</b>	11. YEARS <b>43</b>	12. HOURS <b>43</b>	13. MIN. <b>43</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MIAER</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>ROBERT BURCHFIELD</b>	13b. MOTHER'S MAIDEN NAME <b>ALICE DAY</b>	14. NAME OF HUSBAND OR WIFE <b>OLIVE</b>	
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>495-38-0995</b>	17. INFORMANT'S SIGNATURE OR NAME <b>OLIVE BURCHFIELD</b> ADDRESS <b>MARSHFIELD MO</b>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Portal Cirrhosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>
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"/>
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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) <b>5810</b>
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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 **Feb 15, 1955**, to **19 March, 1956**, that I last saw the deceased alive on **18 March 1956**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Shirley M. Maple M.D.</b> (Degree or title)	23b. ADDRESS <b>211 S. Glenstone, Springfield, Mo</b>	23c. DATE SIGNED <b>21 March 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-21-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST DUKE</b>	24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>
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DATE REC'D BY LOCAL REG. <b>3-23-56</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>RW BARBER</b> ADDRESS <b>MARSHFIELD MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 *George Stapp*.....

Licensed Embalmer No. *7161*

P. O. Address *Mt. Pleasant*

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.