FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12104

BIRTH NO. _____ REG. DIST. NO. 856 PRIMARY REG. DIST. NO. 6210 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Upton-Rural
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Upton
d. STREET ADDRESS (If rural, give location): 1070

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Burch

4. DATE OF DEATH (Month) (Day) (Year): May 25 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 15 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 1, Days 10 — IF UNDER 24 HRS.: Hours, Min.

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): Huggins Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Perry Burch
13b. MOTHER'S MAIDEN NAME: Ruth Watkins
14. NAME OF HUSBAND OR WIFE: Leona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leona Burch — ADDRESS: Huggins, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary carcinomatosis
DUE TO (c) Hypertensive Arteriosclerotic Degenerative Decompensated Heart Disease Grade III

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 151X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 11, 1953, *to* Mar 25, 1956, *that I last saw the deceased alive on* Mar. 25, 1956, *and that death occurred at* 2:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. J. Burns, MD (Degree or title)
23b. ADDRESS: Houston, Mo
23c. DATE SIGNED: 3/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/27/56
24c. NAME OF CEMETERY OR CREMATORY: Hickory Ridge
24d. LOCATION (City, town, or county) (State): Texas County, Mo

DATE REC'D BY LOCAL REG.: 3-29-56
REGISTRAR'S SIGNATURE: Myrtie Craig
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Elliott Funeral Home - Houston, Mo

(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 _____
Student Embalmer

Signed Frank E. Hand

Licensed Embalmer No. 4026

P. O. Address Houston, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.