

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21102

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brookfield,</u> )		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY OR TOWN <u>Brookfield</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>413 W. Canal Street</u> <span style="float: right;">05620</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u>			b. (Middle) _____		c. (Last) <u>Burchett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1956</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 18, 1872</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Month <u>3</u> Day <u>15</u>	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Taylor Neal</u>			13b. MOTHER'S MAIDEN NAME <u>Pattie Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Burchett, (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Zelma Head, Brookfield, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  ANTECEDENT CAUSES DUE TO (b) <u>Congestive heart failure</u> <u>3 wks.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertensive arteriosclerotic heart disease</u>  II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Recent fracture of hip</u> <u>3 wks.</u>						
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) (Min.) _____	
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 <u>6/25</u> , 19 <u>56</u> , to <u>7/3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/3</u> , 19 <u>56</u> , and that death occurred at <u>8:20 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Bohm M.D.</u>				23b. ADDRESS <u>316 N. Main Brookfield Mo</u>		23c. DATE SIGNED <u>7/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ethel, Mo.</u>		
DATE REC'D BY LOCAL RFG. <u>7/5/56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u> By <u>C. A. Larson</u>			

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..... *E. A. Larson*

Licensed Embalmer No...4037...

P. O. Address...Bucklin, Mis

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.