

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30621

FILED SEP 27 1956

STATE FILE NUMBER

3915

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3915

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON 3408</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY 0</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>QUEEN OF THE WORLD</b> Length of stay in lb <b>40 yrs.</b>		d. STREET ADDRESS <b>2827 Olive</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ROLLIE</b> Middle <b>GEORGE</b> Last <b>BURCH BUIRCH</b>			4. DATE OF DEATH Month <b>9/3/56</b> Day Year		
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/10/1893</b>	9. AGE (In years last birthday) <b>63 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Motors</b>	11. BIRTHPLACE (City and state or country) <b>Woodruff, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Elmi Burch BUIRCH</b>			14. MOTHER'S MAIDEN NAME <b>Josephine Estes</b>		
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>487-09-3757</b>	17. INFORMANT <b>Willa Mae Yeargans</b> Address <b>New York</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>3 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>2604 Prospect Avenue</b> COUNTY STATE
21. I attended the deceased from <b>September 1, 56</b> to <b>September 3, 56</b> and last saw her alive on <b>September 3,</b> Death occurred at <b>1:10 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Bruce P. Mc Donald MD</b>	22b. ADDRESS <b>2604 Prospect Avenue</b>	22c. DATE SIGNED <b>9/5/56</b>

23a. BIRTH, CREMATION, REBURIAL (Specify) <b>Burial</b>	23b. DATE <b>9/6/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Platte City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Platte City, Missouri</b>
24. FUNERAL DIRECTOR <b>Watkins B. Pos. Fn. Hm.</b> ADDRESS <b>18th &amp; Benton</b>	25. DATE RECD. BY LOCAL REG. <b>9-6-56</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Bruce P. Mc Donald

MEDICAL CERTIFICATION

300  
1-56

Health,  
Welfare  
Public  
Service

---

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 *Bruce R. Watkins*

Licensed Embalmer No. *452*

P. O. Address *18th & 5th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.