

THE DEPARTMENT OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

335337

STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Saugus</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ma</u> b. COUNTY <u>Saugus</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ava</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ava</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ava</u> Middle <u>Burchell</u> Last <u>Burchell</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>24</u> Year <u>1956</u>				
5. SEX <u>F. m.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 26, 1883</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>				
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 country) <u>York Co. Ma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>B. Harris</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth B. Harris</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Clifford Burchell, Ava, Ma</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>334x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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 - a. m. <u></u> p. m. <u></u> Hour <u></u> Month <u></u> Day <u></u> Year <u></u>								
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		
						STATE		
21. I attended the deceased from <u>9-8-56</u> to <u>10-24-56</u> and last saw her alive on <u>10-24-56</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Ava Burchell</u> (Degree or title)			22b. ADDRESS <u>Ava, Mo.</u>			22c. DATE SIGNED <u>10-30-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>10-26-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ava</u>		23d. LOCATION (City, town, or county) (State) <u>Ava, Ma</u>		
24. FUNERAL DIRECTOR <u>Chickering Funeral</u> <u>Ava, Ma.</u>			ADDRESS <u>Home</u>		25. DATE RECD. BY LOCAL REG. <u>11-1-56</u>		26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lyle B. Clink*

Licensed Embalmer No. *483*

P. O. Address *Avon*

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