

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42479**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **322**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY OR TOWN Moberly	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 months		e. STREET ADDRESS (If rural, give location) 108 Horsley Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 108 Horsley Street		08870	
3. NAME OF DECEASED a. (First) Irena		b. (Middle) Burch	
c. (Last) Burch		4. DATE OF DEATH (Month) (Day) (Year) December 9, 1956	
5. SEX female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 2, 1881
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 21 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Leonard Conor	
13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Joe Burch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Leslie Burch: Armstrong		ADDRESS Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes - not determined - as performed by relatives and undertaker	
ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7954	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 p m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Health Care Registrar		23b. ADDRESS Moberly, Mo.	
23c. DATE SIGNED 12/9/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/12/56		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) Moberly, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Patton & Sons, Huntville, Mo.	
25. ADDRESS _____		DATE REC'D BY LOCAL REG. 12/10/56	
REGISTRAR'S SIGNATURE Health Care		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Patton & Sons, Huntville, Mo.	

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

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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..... Paul Patton

Licensed Embalmer No. 409

P. O. Address Huntville, TN

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.