

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013081  
State File No.

FILED APR 22 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4004 Registrar's No. 520

0020

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

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bolckow</b>		c. CITY OR TOWN <b>Bolckow</b>	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) <b>18 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTLE</b>		b. (Middle) _____	
c. (Last) <b>BURCHETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 13 58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/28/94</b>
9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bolckow, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>James Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Ora Silvers</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Burchett, dec.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-18-9959</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ray Burchett, St. Joseph, Mo.</b>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic heart disease with congestive failure</b>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4200</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>4-11-</b> 19 <b>58</b> , to <b>Apr. 13</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>4-11-</b> 19 <b>58</b> , and that death occurred at <b>5:30A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Walter D. Barnard</b> (Degree or title) <b>W. D.</b>		23b. ADDRESS <b>Savannah, Missouri</b>	
23c. DATE SIGNED <b>4-15-58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/16/58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Barnard</b>		24d. LOCATION (City, town, or county) (State) <b>Barnard, Missouri</b>	
DATE REC'D BY LOCAL OFF. <b>4-18-58</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>		ADDRESS _____	

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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 *John W. Price*.....

Licensed Embalmer No. *428*.....

P. O. Address *Maryville*.....

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.