

THE DIVISION OF HEALTH OF MISSOURI <sup>212-58</sup>  
STANDARD CERTIFICATE OF DEATH

58-015058  
State File No. 5813  
~~4074~~ Registrar's No. 10

FILED MAY 5 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. \_\_\_\_\_

0500

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR Wellsville</u> <sup>0700</sup>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles S.E. of Wellsville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>FAYE</u> c. (Last) <u>BURCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Jan. 13, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u> IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>Mexico, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Benny Burch</u>	13b. MOTHER'S MAIDEN NAME <u>Yvonne Dunlap</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Benny Burch, Wellsville, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Rubella</u>		
	DUE TO (c) _____		
11. 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? <u>2</u> 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>086X</u>
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 4/30, 1958, to 5-1, 1958, that I last saw the deceased alive on 4/30, 1958, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Date of issue)	23b. ADDRESS <u>Wellsville, Mo</u>	23c. DATE SIGNED <u>5/1/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 2, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>New Florence, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>May 2 58</u>	REGISTRAR'S SIGNATURE <u>Antonia Romano</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Wellsville, Mo.</u>
--	---	--

524

**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 this  
body was not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed AB Kelly

Licensed Embalmer No. 1588

P. O. Address Hallowell mo

**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 this body is not embalmed, fact should be so stated above.

There was no Embalming.