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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041352  
State File No. 11649  
Registrar's No.

FILED DEC 9 1958

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 12	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Masonic Home of Missouri		d. STREET ADDRESS (If rural, give location) 5351 Delmar Boulevard	

3. NAME OF DECEASED (Type or Print) a. (First) Nettie	b. (Middle) H	c. (Last) Burch	4. DATE OF DEATH (Month) 12 (Day) 1 (Year) 58
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 10-27-1872	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) High Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Hampton	13b. MOTHER'S MAIDEN NAME Emma Diggs	14. NAME OF HUSBAND OR WIFE William G. Burch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert M. Pennington	ADDRESS 5351 Delmar Boulevard
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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		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis		Unknown
	DUE TO (c) 420.1		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-56, 19, to 12-1-58, 19, that I last saw the deceased alive on 11-30-58, 19, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harold E. Walters M.D.	(Degree or title)	23b. ADDRESS 3120 Washington St. Louis Mo.	23c. DATE SIGNED 12-1-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-2-58	24c. NAME OF CEMETERY OR CREMATORY Laddonia, Mo.	24d. LOCATION* (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. DEC 3 '58	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 .....  
Student Embalmer

Signed Stanley H. DeFon

Licensed Embalmer No. 4193

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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