

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044008  
State File No. ....

FILED DEC 18 1958

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5538

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
I. M. Tillman

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City,</b>		c. CITY OR TOWN <b>Kansas City,</b>	
c. LENGTH OF STAY (in this place) <b>58 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2832 Olive Street</b>			
e. STREET ADDRESS (If rural, give location) <b>2832 Olive Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nathaniel</b>		b. (Middle) <b>Dan</b>	
c. (Last) <b>Burch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 11, 1892</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Packing House</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Burch</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Henderson</b>	
14. NAME OF HUSBAND OR WIFE <b>Thelma Burch</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>510-07-6358</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thelma Burch, Kansas City, Mo.</b>	
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) <b>Acute Dilatation of Heart</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Insufficiency</b> DUE TO (c) <b>Chronic Valvular Heart Disease Rheumatic</b>  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 <b>414x</b>	
20. AUTOPSY? YES <input checked="" 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)		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 <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Deputy Coroner</b>		23b. ADDRESS <b>1618 Lyda Ave</b>	
23c. DATE SIGNED <b>11/22/58</b>		24. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-25-1958</b>	
24c. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. Meek's Mortuary, K. C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-24-58</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	



**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 *Millard B. Parker*.....

Licensed Embalmer No. *5813*

P. O. Address *H. C. W.*

**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.