

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-031775
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 135

AMENDED FILED OCT 3 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Length of stay in lb 4 DAYS	c. CITY OR TOWN CONWAY R2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENTS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SMI WEST Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUSSELL BURCHFIELD			4. DATE OF DEATH Month Day Year SEPT 19 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-5-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME WILLIAM BURCHFIELD		13b. MOTHER'S MAIDEN NAME RAICE DAY	
14. NAME OF HUSBAND OR WIFE LOAR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic rupture of Right lung DUE TO (b) Multiple Rib Fractures DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) comminuted fracture of femur 2) severe subcutaneous emphysema			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident	
20c. TIME OF INJURY Hour a.m. 10:00 Month, Day, Year 9-16-61			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Highway 37 - 1 mi E. of Pine City, Mo.	
20f. CITY, TOWN, OR LOCATION Lawrence		COUNTY STATE Lawrence	
21. I attended the deceased from 9-16-61 to 9-19-61 and last saw him live on 9-19-61 Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Edwards M D (Degree or title)		22b. ADDRESS Monett, Mo	
22c. DATE SIGNED 9-22-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-19-1961	
23c. NAME OF CEMETERY OR CREMATORY ST DUKE		23d. LOCATION (City, town, or county) (State) WEBSTER CO MO	
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD ADDRESS		25. DATE RECD. BY LOCAL REG. 9-22-61	
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 3 1961

OCT 4 1961

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 George Staff

Licensed Embalmer No. 3161

P. O. Address Mt. Laurel, MD

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.

EMBALMER-EDWARD W. BARNETT