

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040395

STATE FILE NUMBER

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 36

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>			Length of stay in 1b		c. CITY OR TOWN <u>Humansville Rt. #2</u>		Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar County Mem. Hosp.</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>7 Miles West</u>		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>HADEN</u> Last <u>BURCHETT</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7/15/84</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>77</u> Days <u>77</u>		IF UNDER 24 HR Hours <u>77</u> Min. <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Cedar County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexanderr Burchett</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Samsel</u>			14. NAME OF HUSBAND OR WIFE <u>May Burchett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mary Lou Gentry, Cabool, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____	STATE _____
21. I attended the deceased from <u>December 1, 1961</u> to <u>December 7, 1961</u> and last saw him alive on <u>Dec. 7, 1961</u> Death occurred at <u>12:40</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				XXXX			
22a. SIGNATURE <u>Ernest Banett Do.</u>				22b. ADDRESS <u>127 W. Spring, ElDorado Spgs, Mo.</u>		22c. DATE SIGNED <u>12-8-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/9/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Humansville, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Cantlon Funeral Home, Stockton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12/8/61</u>		26. REGISTRAR'S SIGNATURE <u>Joe L. Shawham, Act. Registrar</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1961

DEC 19 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

John E. Cantton

Licensed Embalmer No. 4387

P. O. Address Stockton, CA

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.