MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007283
STATE FILE NUMBER

AMENDED

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 13

FILED MAR 13 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural OSAGE TWN. — Length of stay in 1b: 18 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tracy Shoreline Resort — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Gravois Mills — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Tracy's Shoreline Resort — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Florence Middle: Louise Last: Burcham
4. DATE OF DEATH: Month: March Day: 8 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 10, 1914
9. AGE (last birthday): 47 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Keeping
11. BIRTHPLACE (City and state or country): Easton, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. Barton
13b. MOTHER'S MAIDEN NAME: Della Pierce
14. NAME OF HUSBAND OR WIFE: Vance Burcham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Vance Burcham Address: Gravois Mills, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — Interval between onset and death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown
DUE TO (c):
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 7 00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Washburn (Degree or title) M.D. LOCAL REGISTRAR
22b. ADDRESS: Versailles, Mo
22c. DATE SIGNED: 3/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-12-62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: Scrivner-Stevinson ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 3-9-62
26. REGISTRAR'S SIGNATURE: J. L. Washburn

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1962

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 James R. Scrunin

Licensed Embalmer No. 4880

P. O. Address Versailles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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