

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018369

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 72

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 72
FILED JUN 5 1962

VS 300
Rev. 4/59

1 6000
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1286-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Length of stay in 1b FEW Months
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOOF Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1024 Waverly Ave. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Wyandotte
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1024 Waverly Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last De Virda (D: H.) Burcham 4. DATE OF DEATH Month Day Year May 24 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/27/1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY VETERINARIAN 11. BIRTHPLACE (City and state or country) Carroll Co Va 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jeremiah Burcham 13b. MOTHER'S MAIDEN NAME Katherine E. Gosh 14. NAME OF HUSBAND OR WIFE Sarah E. Burcham
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Mrs. Bernice Stutzman Address 549 N. Washington KC Kansas

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH year or more
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 Month, Day, Year a.m. p.m. _____

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 24

21. I attended the deceased from April 28, 62 to May 24 and last saw ^{her} him alive on May 23, 62
 Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm H Gadsden MD (Degree or title) 22b. ADDRESS Liberty Mo 22c. DATE SIGNED 5/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 5-28-1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR WERNER MORTUARY ADDRESS KCK 25. DATE RECD. BY LOCAL REG. 5-28-62 26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

