

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16745

State File No.

BIRTH NO.

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 3048

Registrar's No.

126

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, write RURAL and give
OR
TOWN) Maryvillec. LENGTH OF
STAY (in this place)
3 hrs.d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION St. Francis Hospital3. NAME OF
DECEASED
(Type or Print)

CHARLES

b. (Middle)

ALBERT

c. (Last)

BURCHETT

4. DATE
OF
DEATH

5 15 54

5. SEX

O

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/20/92

9. AGE (In years
last birthday)

62

10. UNDER 1 YEAR

Months

Days

11. UNDER 12 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR IN-
DUSTRY

Own account

11. BIRTHPLACE

(City and State or Foreign Country)
Lee County, Va.12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Evan Burchett

13b. MOTHER'S MAIDEN NAME

Rebecca Byington

14. NAME OF HUSBAND OR WIFE

Myrtle Burchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Chas. A. Burchett, Bolckow, Mo.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)1. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a) coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH

Tide

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

+ Colon, megasplasm

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 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 NOT WHILE WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1954, to May 15, 1954, that I last saw the deceased alive on 5/15, 1954 and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE

H. Burchett

(Degree or title)

M. D.

23b. ADDRESS

Maryville, Missouri

23c. DATE SIGNED

5/17/54

24a. BURIAL, CREMA-
TION, REMOVAL
(Specify)

24b. DATE

5/19/54

24c. NAME OF CEMETERY OR CREMATORIAL

Barnard

24d. LOCATION (City, town, or county)

(State)

Barnard, Missouri

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

Klaus Holt

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Price Funeral Home, Maryville, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by , Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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