

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008506

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 73

AMENDED

FILED APR 9 1961

DATE AWARDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Length of stay in lb <i>25da</i>	c. CITY OR TOWN <i>Clinton</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton Gen. Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ADDRESS <i>401 N 5th</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>FRONIA</i> Middle <i>BURCH</i> Last <i>BURCH</i>			4. DATE OF DEATH Month <i>March</i> Day <i>26</i> Year <i>1961</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-12-1988</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Grocery store</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grocery</i>	9. AGE (last birthday) <i>73</i> IF UNDER 1 YEAR: Months <i>1</i> Days <i>14</i> IF UNDER 24 HR: Hours <i>-</i> Min. <i>-</i>
11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>W H Julian</i>		13b. MOTHER'S MAIDEN NAME <i>Rolinda Alice Phillips</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Dance Julian</i>		Address <i>Clinton Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Pulmonary Edema</i> DUE TO (b) <i>Uremia</i> DUE TO (c) <i>Chronic myocarditis &amp; nephritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i> <i>10 days</i> <i>5 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <i>-</i> a.m. <i>-</i> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>June 1960</i> to <i>March 26/61</i> and last saw her alive on <i>March 26, 1961</i> Death occurred at <i>5:00</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. R. S. Hallingmaier M.D.</i>		22b. ADDRESS <i>Clinton Missouri</i>	22c. DATE SIGNED <i>3/28/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-29-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>	23d. LOCATION (City, town, or county) (State) <i>Clinton Mo.</i>
24. FUNERAL DIRECTOR <i>F.L. SCHABER</i>		ADDRESS <i>Clinton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Mar. 31, 1961</i>
26. REGISTRAR'S SIGNATURE <i>Wildred Biggers</i>			

**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 F. L. Schabauer

Licensed Embalmer No. 4513

P. O. Address Centon

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.