

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **0043368**

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 289 67

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 4 1967		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		a. STATE Missouri b. COUNTY Henry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 109 N. 7th		Length of stay in 1b 2 Years		c. CITY OR TOWN Clinton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 109 North 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Homer Webster Burch			4. DATE OF DEATH Month Day Year Nov. 24 1967		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/10/88	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Henry Co, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George M. Burch		13b. MOTHER'S MAIDEN NAME Bodicia Miller	
14. NAME OF HUSBAND OR WIFE Grace Burch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-42-7434	
17. INFORMANT Address Mrs Grace Burch, Clinton, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma's syndrome				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 a.m. 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 Clinton, Mo.		20g. COUNTY Clinton		20h. STATE Missouri	
21. I attended the deceased from 10/15/48 , to 11/24/67 and last saw him alive on 11/24/67 . Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S.B. Hughes, M.D.		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 11/29/67	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 27 1967		23c. NAME OF CEMETERY OR CREMATORY Englewood	
23d. LOCATION (City, town, or county) Clinton, Missouri		23e. STATE Missouri		23f. COUNTY Clinton	
24. FUNERAL DIRECTOR Consalus Clinton		25. DATE RECD. BY LOCAL REG. 11-27-67		26. REGISTRAR'S SIGNATURE Mildred Begum	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

VS 300	
Rev. 4/59	
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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 J. E. Conrader

Licensed Embalmer No. 1891

P. O. Address Clinton 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.

Permit obtained 11-27-64
MB