

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29171**

No. 300  
10.48

**REC'D AUG 26 1952**  
BIRTH NO. **192422**

REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6072** Registrar's No. **262**

1. PLACE OF DEATH a. COUNTY <b>St. Francois 0940</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois 0940</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Pendleton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Pendleton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JURSHA</b>	b. (Middle) <b>ANGELINE</b>	c. (Last) <b>BURCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug-14-1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Jan-29-1861</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 1 YEAR Days <b>15</b>	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Francois Co, Mo 0</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Robert W. Burch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John R. Burch Doe Run, Mo..</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senescent arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 12, 1952**, to **Aug 14, 1952**, that I last saw the deceased alive on **Aug 12, 1952**, and that death occurred at **10:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. Matthews, M.D.</b> (Degree or title)	23b. ADDRESS <b>Farmington, Missouri</b>	23c. DATE SIGNED <b>8-16-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug-15-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Doe Run, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 16, 1952</b>	REGISTRAR'S SIGNATURE <b>Ethel Pendleff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sparks F. Home Flat River, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed

*Murphy Spahr*

Licensed Embalmer No. \_\_\_\_\_

*4536*

P. O. Address \_\_\_\_\_

*Flat River St*

**NOT EMBALMED**

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