S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

40491

4088 State File No.

18 0 0

BIRTH NO. REG. DIST. NO. 54 PRIMARY REG. DIST. NO. 5-1-14 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellsinore
c. LENGTH OF STAY (In this place): 6 m
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellsinore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Andrew c. (Last) Burnham

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 49

5. SEX: M

6. COLOR OR RACE: W

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

8. DATE OF BIRTH: Oct 27-1878

9. AGE (In years last birthday): 71 — If under 1 year: Months 1 / Days 10 — If under 24 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 INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Burnham

13b. MOTHER'S MAIDEN NAME: Francis Ray

14. NAME OF HUSBAND OR WIFE: Alice Burnham

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

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alice Burnham Ellsinore Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of Descending Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.
Anemia and Cardiac insufficiency — 153X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no

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 AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1949 *to* Dec 10 1949, *that I last saw the deceased alive on* Dec 2, 1949, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Burton, M.D. **23b. ADDRESS**: Poplar Bluff Mo **23c. DATE SIGNED**: 12-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 12-12-49 **24c. NAME OF CEMETERY OR CREMATORY**: Pine Valley **24d. LOCATION** (City, town, or county) (State): Reynolds Co Mo.

DATE REC'D BY LOCAL REG.: Dec. 17-49 **REGISTRAR'S SIGNATURE**: Mrs Octa Henson 50

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Seaton Pettit Van Buren

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/19/49
District Health Officer No. 5,
District File Number 1249 799
Date Filed 12/22/49

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 Seaton Perritt

Licensed Embalmer No. 2287

P. O. Address Van Buren Me

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.