

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41715**  
Registrar's No. **38**

BIRTH NO. _____		REG. DIST. NO. <b>207</b>		PRIMARY REG. DIST. NO. <b>5753</b>		State File No. <b>41715</b>		Registrar's No. <b>38</b>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <b>Maries</b>					a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone</b>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Boone Township</b>						
c. LENGTH OF STAY (in this place) <b>71 yrs.</b>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>					d. STREET ADDRESS (If rural, give location) <b>0</b>						
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)		
<b>Mary</b>			<b>Arizona</b>			<b>Burnham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 26 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7/14/1874</b>		9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 1 YEAR Months <b>4</b> Days <b>12</b> Hours <b></b> Min. <b></b>	
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 <b>X</b>				11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Zack Pendleton</b>				13b. MOTHER'S MAIDEN NAME <b>Katherine Bird</b>				14. NAME OF HUSBAND OR WIFE <b>Charles Burnham</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>X</b>				16. SOCIAL SECURITY NO. <b>X</b>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Charles Burnham, Dixon, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>					<b>2 yrs</b>	
					<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Cerebral Hemorrhage</b></p>					<b>3 mos</b>	
					DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.					<b>4 2 2 11</b>	
19a. DATE OF OPERATION <b>none</b>				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (m.)				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 1, 1947</b> , to <b>Nov 26, 1949</b> , that I last saw the deceased alive on <b>Nov 26, 1949</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Lois L. A. Biochler M.D.</b>						23b. ADDRESS <b>Freeburg 1170</b>			23c. DATE SIGNED <b>12-7-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/28/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stokes</b>		24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>12-8-49</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fred H. Gilbert, Dixon, Missouri</b>					

(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. 9;  
District File Number

### 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 \_\_\_\_\_

11/26-49

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*Frank H. Gilbert*

Licensed Embalmer No. *8341*

P. O. Address Dixon, Missouri

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.