

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7485**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5009</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wilson Twp.</u>		c. LENGTH OF STAY (in this place) <u>30 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wilson Twp.</u>		<u>0010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. S.E Gibbs Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles S. E. Gibbs, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u>		b. (Middle) <u>George</u>		c. (Last) <u>Burnham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 10, 1903</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Hours <u>21</u> Min. <u>***</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Warren Burnham</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Bloom</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Cora Burnham La Plata, Mo.</u>			
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, asphyxia; etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hanging (self-inflicted)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>despondency</u> DUE TO (c) <u>nervous conditions and recent Influenza.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>E 97 4x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm, Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wilson, Linn Co, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 1 1950 7:25 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hung self with chain</u>			
22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at <u>7:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Davis</u> (Degree or title)				23b. ADDRESS <u>Adair County, Mo.</u>		23c. DATE SIGNED <u>4-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata, Macon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-4-50</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. W. Wilson La Plata, Mo.</u>		

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

0010

JUL 11 1951

AUG 24 1951

RECEIVED APR 10 1950  
District Health Officer No. 10  
District File Number 4-50-62  
Date Filed APR 10 1950

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata, 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 this body is not embalmed, fact should be so stated above.