

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

State File No. 12744

**FILED APR 20 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3034 Registrar's No. 33

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo.</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u> ( <u>51 days in hosp.</u> )		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> <u>0451</u>  d. STREET ADDRESS (If rural, give location) <u>510 W. Church St.</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>Frank Eli Burcham</u> a. (First) <u>Frank</u> b. (Middle) <u>Eli</u> c. (Last) <u>Burcham</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 29, 1950</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>3/11/1871</u>	<b>9. AGE</b> (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 2 MRS. Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (His kind of work done during most of working life, even if retired) <u>Teacher</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Marble Hill, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>

<b>13a. FATHER'S NAME</b> <u>William Freeland Burcham</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sofia C. Baker</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bula Richardson</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or date of service) <u>No.</u>	<b>16. SOCIAL SECURITY NO.</b> -----	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs F. E. Burcham</u> <u>Fayette, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fracture of Hip</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>5 P.M. 45</u>  <u>45</u>
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<b>19a. DATE OF OPERATION</b> <u>2-10-50</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Pinning of Hip</u> <u>045</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT</b> (Specify) <u>SOICIDE</u> <u>July 6</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Fayette</u> <u>Howard</u> <u>Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Fall</u>	

**22. I hereby certify that I attended the deceased from** 2-6 1950, to 3-29, 1950, that I last saw the deceased alive on 3-29, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>W. Bloom, M.D.</u>	<b>23b. ADDRESS</b> <u>Fayette, Mo</u>	<b>23c. DATE SIGNED</b> <u>4-1-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3/31/50</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Fayette, Missouri</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>4-1-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mary K. Shell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Joseph A. Carr</u>	<b>ADDRESS</b> <u>Fayette, Mo.</u>
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RECEIVED APR 5  
District Health Officer No. 8.

District File Number.....

Date Filed 4-19-50

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.