

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19774

State File No. \_\_\_\_\_

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 5-8 **PRIMARY REG. DIST. NO.** 5214 **Registrar's No.** 32

**1. PLACE OF DEATH**  
a. COUNTY Carter  
b. CITY (If outside corporate limits, write RURAL and give township) Johnson Twp.  
c. LENGTH OF STAY (in this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2, Ellimore, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Carter  
c. CITY (If outside corporate limits, write RURAL and give township) Rural, Johnson Twp.  
d. STREET ADDRESS (If rural, give location) Rt. 2, Ellimore, Mo.

**3. NAME OF DECEASED**  
a. (First) Alice b. (Middle) \_\_\_\_\_ c. (Last) BURNHAM  
(Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
MAY 16, 1952

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
Married **8. DATE OF BIRTH** Sept 12, 1881 **9. AGE** (In years last birthday) 70 Months 8 Days 4 Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Housekeeping **11. BIRTHPLACE** (City and State or Foreign Country) Carter County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Urah Blue **13b. MOTHER'S MAIDEN NAME** Jane Skagg's **14. NAME OF HUSBAND OR WIFE** Not married

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Ra Castel, Rt. Ellimore, Mo. **ADDRESS** \_\_\_\_\_

**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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Broncho-Pneumonia  
ANTECEDENT CAUSES DUE TO (b) Chronic Bronchitis  
DUE TO (c) Nicotine Poisoning  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Senility

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES ☐ NO ☒

**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) \_\_\_\_\_ **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** June 1, 1949, to May 16, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Dr. H. Burton, M.D. **23b. ADDRESS** Poplar Bluff, Mo. **23c. DATE SIGNED** 6-1-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 5/9/52 **24c. NAME OF CEMETERY OR CREMATORY** Henson Cemetery **24d. LOCATION** (City, town, or county) (State) Carter County, Mo.

**DATE REC'D BY LOCAL REG.** June 13-52 **REGISTRAR'S SIGNATURE** Mrs. Ota Henson **25. FUNERAL DIRECTOR'S SIGNATURE** W. A. Spaden **ADDRESS** The Broom

(Licensed Embalmer's Statement on Reverse Side)

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

#180  
1

Mo.

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

*Allen C. McPherson*

Licensed Embalmer No. *4543*

P. O. Address *Tam, Buena, 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.