

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

State File No. **2391**

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5863** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Couch</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Couch 1750</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Harvey</b> c. (Last) <b>Burleson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 18 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED <b>Married</b>	
8. DATE OF BIRTH <b>May-15-1875</b>		9. AGE (In years last birthday) <b>77</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Marion Co., Ark.</b>	

13a. FATHER'S NAME <b>Joe Burleson</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Emma May Burleson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Emma Burleson</b>	

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) <b>Cancer degeneration</b> ANTECEDENT CAUSES <b>Carcinoma stomach (suspect)</b> 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.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-21-53**, to **1-18-53**, 19**53**, that I last saw the deceased alive on **1-17-**, 19**53**, and that death occurred at **5:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. Walker M.D.</b>		23b. ADDRESS <b>Mammoth Spring Ark.</b>		23c. DATE SIGNED <b>2-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-20-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Myrtle</b>	
24d. LOCATION (City, town, or county) (State) <b>Myrtle Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. G. McHobb</b>		ADDRESS <b>Pocahontas, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 2, 1953</b>		REGISTRAR'S SIGNATURE <b>Arthur Wolff</b>			

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

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**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

*N. S. McNabb*

Licensed Embalmer No. *610*

P. O. Address

*Petaluma, Ark.*

**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.