

FILED SEP 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26569

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5285		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Tp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyaconda, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Hansford c. (Last) Burcham			4. DATE OF DEATH (Month) (Day) (Year) OF Aug 30 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23 1881		9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scotland Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Burcham			13b. MOTHER'S MAIDEN NAME Mary E. Suter		14. NAME OF HUSBAND OR WIFE Verda Burcham		
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 Mrs. Eva Dillon, Gorin, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure						INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) Cardiatis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Coronary Thrombosis						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)	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 <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 July 6 th 1954 to Aug. 22, 1954, that I last saw the deceased alive on Aug. 21, 1954, and that death occurred at 6:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE Howard M. [Signature]			23b. ADDRESS Wyaconda, Missouri			23c. DATE SIGNED 8/30 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 1 54	24c. NAME OF CEMETERY OR CREMATORY Wyaconda, Cemetery		24d. LOCATION (City, town, or county) (State) Wyaconda, Missouri			
DATE REC'D BY LOCAL REG. 9/8 1954	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Wyaconda, 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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Geo V. Bodle

Student Embalmer No. _____

Licensed Embalmer No. 1817

P. O. Address Wyaconda

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.