

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31872
7972

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>St. Louis Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Texas</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis Mo</i>	c. LENGTH OF STAY (In this place) <i>1 mch</i>	c. CITY OR TOWN <i>Amarillo, Texas</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>Ed Kens, Hotel 8418</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Linnett</i>	b. (Middle) <i>Estell</i>	c. (Last) <i>Burnam</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>August 28 1954</i>
-------------------------------------	---------------------------	---------------------------	-------------------------	---

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>sep divorced</i>	8. DATE OF BIRTH <i>Nov-11, 1884</i>	9. AGE (In years last birthday) <i>69</i> if UNDER 1 YEAR Months _____ Days _____ if UNDER 24 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Stock clerk</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Sherman Texas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
---	--	---	---

13a. FATHER'S NAME <i>William Henry Burnam</i>	13b. MOTHER'S MAIDEN NAME <i>Sally A. Morris</i>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>452-07-3763</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Miss Edith Burnam St Louis</i>
---	---	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of right lung with metastasis to the liver and right adrenal gland</i>		
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <i>163X</i>
---	--	--

22. I hereby certify that I attended the deceased from *July 27, 1954*, to *Aug 28, 1954*, that I last saw the deceased alive on *Aug 28, 1954* and that death occurred at *11:15 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ronald A. ... M.D.</i>	23b. ADDRESS <i>1755 So Grand</i>	23c. DATE SIGNED <i>8/29/54</i>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>8/29/54</i>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <i>Amarillo, Texas</i>
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. <i>AUG 30 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Ch. Kuyper & Sons, 7233 Helmer</i>
---	---	--

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

30516

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.....
Signature of Student Embalmer

Signed.....
Arnold H. Sch

Licensed Embalmer No. *38*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.