. Health,
& Welfare
. Public
h Service

S. 300
. 1-57
50
3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 31 1958

58-035962
STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Dunklin	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Senath — Inside Limits Yes # No ☐	c. CITY OR TOWN Senath — Inside Limits Yes # No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 035 — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First: Joseph	Middle: Lee Ander	Last: Burcham	4. DATE OF DEATH Month 10/ Day 23 Year .1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: July 25,1895	9. AGE (In years last birthday): 63 — 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): Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Fredericktown, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME: (Unknowm)	13b. MOTHER'S MAIDEN NAME: Armanda Palmer	14. NAME OF HUSBAND OR WIFE: Mamie Burcham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs.Mamie Burcham Box 212,Senath,Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary Fibrosis

DUE TO (c) Chronic Bronchiectasis, Severe

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 20, 1958, to Oct 23, 1958 and last saw him alive on Oct 23, 1958
Death occurred at Oct 23, 1958 11:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H Merryman, MD	22b. ADDRESS: Senath, Mo	22c. DATE SIGNED: Oct 24, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/26/58	23c. NAME OF CEMETERY OR CREMATORY: Senath,	23d. LOCATION (City, town, or county) (State): Senath, Missouri
24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Service, Senath Mo.	25. DATE RECD. BY LOCAL REG.: 10-25-1958	26. REGISTRAR'S SIGNATURE: Mrs J H Lanier	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 1038

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 Hubert B. Baird

Licensed Embalmer No. 4881

P. O. Address Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.