

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032658

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 740

Primary Registration District No. 3024

Registrar's No. 101

STATE FILE NUMBER

FILED OCT 16 1961

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|---|--|--|--|---|--|--|---|--|-------------------------------------|---|--|------------------------------|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | | | | | | |
| a. COUNTY <u>Howard</u> | | | | a. STATE <u>Missouri</u> COUNTY <u>Howard</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u> | | Length of stay in 1b <u>9 yrs</u> | | c. CITY OR TOWN <u>Fayette</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Leonard Avenue</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Leonard Avenue</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | | | | | | | |
| First <u>LILLIE</u> Middle <u>LORAINÉ</u> Last <u>BURNHAM</u> | | | | Month <u>October</u> Day <u>7</u> Year <u>1961</u> | | | | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>11/15/06</u> | | 9. AGE (last birthday) <u>54</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Production Credit</u> | | 11. BIRTHPLACE (City and state or country) <u>Roadhouse, Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>Edward W. Wilson</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Lillie Virginia Wells</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Robert L. Burnham</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | | 17. INFORMANT <u>Robert L. Burnham Fayette, Mo</u> | | | | 16. NAME OF HUSBAND OR WIFE <u>Robert L. Burnham</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | | | | | | | | | <u>Immediate</u> | | | |
| DUE TO (b) <u>Rheumatic Fever 1940</u> | | | | | | | | | | | | | |
| DUE TO (c) <u>Enlarged Heart</u> | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Migraine attacks</u> | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month <u> </u> Day <u> </u> Year <u> </u> | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>10-7-1961</u> to <u>10-7-1961</u> and last saw her <u>at home</u> on <u>10-7-1961</u> . Death occurred at <u>1 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>W. Bloom M.D.</u> | | | | | | 22b. ADDRESS <u>Fayette Mo</u> | | | 22c. DATE SIGNED <u>10-12-61</u> | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10/9/61</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Fayette, Missouri</u> | | | | | | | |
| 24. FUNERAL DIRECTOR <u>Ralph G. Carr</u> | | | | ADDRESS <u>Fayette, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-12-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u> | | | | | |

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

