

CERTIFICATE OF DEATH

FILED JUL 8 1968 37

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 158

DO NOT WRITE ON THIS STUB

9. 1

10a. 83

10b.

11. 0

12. 2

13. 199.1

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. n-0

VS 300

Rev. 1/68

4. 0425

5. 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0421

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Josie League Burcham** 7. **Female** 8. **June 29, 1968**

RACE WHITE, NEGRO, AMERICAN INDIAN, AGE—LAST BIRTHDAY (YEAR), MONTH, DAYS UNDER 1 YEAR DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. **White** 5a. **83** 5b. **83** 5c. **83** 6. **Dec. 6, 1884** 7a. **Henry**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS SPECIFY YES OR NO HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **Clinton** 7c. **yes** 7d. **Wetzel Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. **Mo.** 9. **U. S. A.** 10. **Widowed** 11.

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. **(none)** 13a. **housewife** 13b.

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. **Mo.** 14b. **Henry** 14c. **Windsor** 14d. **yes** 14e. **104 E. Colt St.**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Thomas E. Binkley League Sarah E. Burcham**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **Mrs. Elizabeth Gilmore** 17b. **103 W. Florence St. Windsor, Mo.**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) **Myocardial Insufficiency** 24 hours

(b) **Generalized Debilitation & Inanition** Months

(c) **Metastatic Adenocarcinoma Site unknown** Unknown

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. **No** 19b. **No** 19c. **No**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. 20f. 20g.

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DATE OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **1-10-68** TO 21b. **6 29 68** 21c. **6 29 68** 21d. **did** 21e. **2:55A.M.**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. HOUR OF DEATH MONTH YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)

22b. **June 29 1968** 22c. **2:55** 22d. **A.M.**

CERTIFIER NAME (TYPE OR PRINT) SIGNATURE DEGREE CITY DATE SIGNED (MONTH, DAY, YEAR)

23a. **Clinton L. Glaspy** 23b. **Clinton L. Glaspy DO** 23c. **7/2/68**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE

23d. **105 E. Olive** 23e. **Clinton** 23f. **MO** 23g. **164735**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. **Burial** 24b. **Laurel Oak Cemetery** 24c. **Windsor, Mo.**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. **July 1, 1968** 24e. **GOUGE FUNERAL HOME 301 W. Benton St. Windsor, Mo.**

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. **Clifford Houge** 25b. **Mildred Bigum** 25c. **July 6, 1968**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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

*Clifford Gouge*

Licensed Embalmer No. 5014

P. O. Address

Windsor, 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.