

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14010

No. 300
10.48
FILED MAY 12 1950

BIRTH NO. 22685-50 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (If this place) <u>7 hrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>519 West Morgan St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Girl</u> b. (Middle) <u>Burnham</u> c. (Last) <u>Burnham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR 24 '50</u>	
5. SEX <u>F3</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>24 APR '50</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR <u>0</u> Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. <u>7</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm H. Burnham</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Elaine Hopkins</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS Wm H Burnham</u> ADDRESS <u>Sedalia Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature rupture of membranes</u>		<u>18 hrs</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7615</u>

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) (Min)	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 24 Apr 1950 to 24 Apr 1950 that I last saw the deceased alive on 24 Apr 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl Siegel M.D. U</u>	23b. ADDRESS <u>412 1/2 So Chidwick St</u>	23c. DATE SIGNED <u>29 Apr 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Preserved in formaldehyde for scientific study, consent of parents</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG. <u>May 3 1950</u> REGISTRAR'S SIGNATURE <u>R. G. Campbell</u> FUNERAL DIRECTOR'S SIGNATURE <u>Carl D. Siegel M.D.</u> ADDRESS <u>412 1/2 So Chidwick St Sedalia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

804
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RECEIVED

MAY 9

District Health Officer No. 87

District File Number.....

Date Filed 5/9/50

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.