

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

17746

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Farmington RURAL</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Fredericktown</b>	
c. LENGTH OF STAY (in this place) <b>8 das.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LORA</b>	b. (Middle) <b>E.</b>	c. (Last) <b>BURNHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 14, 1918</b>	9. AGE (In years last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>17</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Francois Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Abraham C. Wilkinson</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Francis</b>	14. NAME OF HUSBAND OR WIFE <b>Lester Burnham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hospital No. 4, Farmington, Mo.</b>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 das.</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Cause unknown.</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 20, 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Bremner, M.D.</b>	23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	23c. DATE SIGNED <b>5-29-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 30, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Christian Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 29, 1951</b>	REGISTRAR'S SIGNATURE <b>Ether Redford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb-Anderson</b>	ADDRESS <b>Funeral Home, Fredericktown, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

JUN 5 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *L. Lajeau Adams*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4351

P. O. Address Frederick Town

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.