

FILED SEP 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29469

State File No.

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 4390 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Meta</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Meta</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Missouri</u> <u>0760</u>	

3. NAME OF DECEASED (Type or Print) <u>Samuel Harmon Burnham</u>			4. DATE OF DEATH <u>September 3, 1953</u>		
a. (First) _____	b. (Middle) _____	c. (Last) _____			

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/19/1879</u>	9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Maries Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Issac Burnham</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah F. Barnhart</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Susan Roberds</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Muriel Burnham, Meta, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sept Ventricular Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) <u>Arterio Sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephritis</u>		

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 1951, 19 , to Sept 3, 1953, that I last saw the deceased alive on Sept 3, 1953, and that death occurred at 1:48 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>S. W. Easton, D.O.</u>	(Degree or title) _____	23b. ADDRESS <u>Meta, Mo.</u>	23c. DATE SIGNED <u>9/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stokes</u>	24d. LOCATION (City, town, or county) (State) <u>Maries Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Rose Rowan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White P. Hedger</u>	ADDRESS <u>Hedger Funeral Homes Inc. Iberia Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0760

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..... *Walter O. Keegan*

Licensed Embalmer No. *4265*

P. O. Address *Peris, 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.