

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43575

State File No.

FILED JAN. 12 1954

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 141

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Macon</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>9 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1018 N. Rubey</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ollie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Burnam</u>	<u>Nov. 22</u>		<u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 8, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Frank Burnam</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Houghton</u>		14. NAME OF HUSBAND OR WIFE <u>Ola Burnam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ola Burnam, Macon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Coronary Occlusion			1 1/2 Days
ANTECEDENT CAUSES		Coronary atherosclerosis			5 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			_____
DUE TO (c) _____		unknown			_____
II. OTHER SIGNIFICANT CONDITIONS		Prostatic Hypertrophy			unknown
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"/>	
_____		_____		<u>4201</u>	
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) (m.)		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 11-15-53, to 11-22, 1953 that I last saw the deceased alive on 11-22, 1953, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>11-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 24, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/29/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
_____		_____		ADDRESS <u>Macon, Mo.</u>	

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

0611

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.53.208
Date Filed 1.7.54

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

Charles S. Hutton

Licensed Embalmer No. 4577

P. O. Address *Macon 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 this body is not embalmed, fact should be so stated above.