

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14470

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>304</u>		PRIMARY REG. DIST. NO. <u>6237</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hickory-Grove</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural Hickory-Grove</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				STREET ADDRESS (If rural, give location) <u>1090</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>		b. (Middle)		c. (Last) <u>Burnam</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1955</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>Nov 19 1886</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad worker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Darwin Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Joseph Burnam</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Virgie Burnam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-28-8137</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Virgie Burnam Wright City MO</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma left</u> <u>Spine Stem Pouch Carcinoma</u> <u>surrounding stomach</u> DUE TO (b) <u>Empyema of left chest</u> DUE TO (c) <u>10 top</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>14</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>5-8-54</u> to <u>4-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>55</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Schloker M.D.</u>				23b. ADDRESS <u>W. H. Schloker M.D.</u>		23c. DATE SIGNED <u>5-26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>		
DATE REC'D BY LOCAL REG. <u>Apr 29 - 55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Forrest W. Hughes</u>		335-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg Furn & Und Co Wright City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Julius J. Nieburg*.....

Licensed Embalmer No. *336*

P. O. Address *Wright*.....

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.