Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044811
STATE FILE NUMBER

FILED DEC 17 1958 Registration District No. 3815 Primary Registration District No. 3039 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Linn b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Marceline, Mo. — Inside Limits Yes X No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital — Length of stay in 1b: 2 weeks	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon c. CITY OR TOWN Ethel, Missouri — Inside Limits Yes X No ☐ d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Markus Middle U. Last Burnham
4. DATE OF DEATH: Month December Day 10 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 9, 1882
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 11 Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J. W. Burnham
14. MOTHER'S MAIDEN NAME: Malinda Atteberry
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 498-38-6990
17. INFORMANT: Mrs Arie B. Burnham, Address: Ethel, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Abscess
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Mandible
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
1.) Severe Anemia 2.) Cellulitis of face due to irradiation 1960

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-2-58, to 12-10-58 and last saw her/him alive on 12-10-58
Death occurred at 6:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Gaynor (Degree or title)
22b. ADDRESS Marceline, Mo.
22c. DATE SIGNED 12-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 13, 1958
23c. NAME OF CEMETERY OR CREMATORY: Bunce Cemetery, Elmer, Mo.
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS: Larson Funeral Service, Bucklin, Mo.
25. DATE RECD. BY LOCAL REG.: 12-11-58
26. REGISTRAR'S SIGNATURE: Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

530

DEC 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. P. Larson

Licensed Embalmer No. 403

P. O. Address Bucklin, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.