MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-018058
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 605

FILED JUN 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 5117
2 5117 2
3
4 1
5 1
6
7 1
8 2
9 7954
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 44yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1002 Dewey Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1002 Dewey Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CORA — Middle MAY — Last BURNHAM
4. DATE OF DEATH: Month May — Day 27 — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/20/1886
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Davis City, Iowa
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Thomas Ewing
13b. MOTHER'S MAIDEN NAME: Belle Richards
14. NAME OF HUSBAND OR WIFE: Mr. Roy T. Burnham
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.: None
17. INFORMANT: Mr. Roy T. Burnham — Address: 1002 Dewey Ave. St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unattended Death - Apparently
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) natural causes - Investigated
DUE TO (c) by the City Health Department.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to _____ and last saw her alive on _____
Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W. Kieber, M.D. City Health Office
22b. ADDRESS: St Joseph, Mo
22c. DATE SIGNED: 5-29-62

R.W. Kieber, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/27/62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
23d. LOCATION (City, town, or county): St. Joseph — (State): Missouri

24. FUNERAL DIRECTOR: Stamey Funeral Home N.H.S. — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: May 31, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E Bennett

Licensed Embalmer No. 7677

P. O. Address St Joseph 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.