

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022565-

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 965 STATE FILE NUMBER

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Rt 10, Springfield, Mo.</b>	
3. NAME OF DECEASED (Type or print) <b>MARJORIE KATHERINE BURCHAM</b>		4. DATE OF DEATH <b>6-19-62</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-12-1934</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DOMESTIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>HAWTOWN, MO.</b>
13a. FATHER'S NAME <b>HAROLD HUDSON</b>		13b. MOTHER'S MAIDEN NAME <b>TRESSA EAKNHART</b>	14. NAME OF HUSBAND OR WIFE <b>JAME E BURCHAM</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Harold Burcham</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio respiratory collapse.</b> DUE TO (b) <b>Cerebral contusion and skull fracture.</b> DUE TO (c)			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>One Car accident</b>	
20c. TIME OF INJURY <b>2:40 p.m.</b> Month, Day, Year <b>6-19-62</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi Way 66</b>	20f. CITY, TOWN, OR LOCATION <b>2 miles east of Spfld, Greene, Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:40 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>F. Thomas Moseley</b> (Deputy or title)		22b. ADDRESS <b>1636 S. Glenstone Springfield, Missouri</b>	22c. DATE SIGNED <b>6-26-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-22-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CRANE, MO.</b>
24. FUNERAL DIRECTOR <b>MANHUE E.H. CRANE, MO</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-27-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>

DATE AMENDED  
7  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO.  
SHOULD READ

VS 300  
Rev. 4/59  
10397  
26390  
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11039  
121-0  
13

F. Thomas Moseley  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 Rice M. Abbott

Licensed Embalmer No. 5115  
P. O. Address Springfield, 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.

Permit received 6-19-62