

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42591

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>33400</u>	c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 E. 10th</u>		d. STREET ADDRESS (If rural, give location) <u>102 E. 10th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>H.</u>	c. (Last) <u>BURGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27-1948</u>
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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-25-1872</u>	9. AGE (In years last birthday) <u>76</u> Months <u>4</u> Days <u>2</u> If under 1 year If under 12 hrs.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Police officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Police officer retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>William H. Burger</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Woolridge</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-28-8753</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm Burger</u>	ADDRESS <u>Sedalia, Mo.</u>
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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. <u>51B</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism - post-operative</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of prostate gland</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Reaction of prostate dom 12-14-48</u>		

19a. DATE OF OPERATION <u>12-14-48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of prostate gland III.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 12-25-1948, to 12-27-1948, that I last saw the deceased alive on 12-27-1948, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J M Rodeman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Sedalia, Mo</u>	23c. DATE SIGNED <u>12-29-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-30-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-30-48</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0
16
4

mo

RECEIVED

District Health Officer No. R

District File Number

Date Filed

1-20-49

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

K P Mcrary

Licensed Embalmer No.

3153

P. O. Address

Redalia 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.