

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22421**

BIRTH NO.		REG. DIST. NO. 69		PRIMARY REG. DIST. NO. 4121		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY CHRISTIAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY CHRISTIAN			
b. CITY (If outside corporate limits, write RURAL and give township) BILLINGS		c. LENGTH OF STAY (In this place) 15 MINUTES		c. CITY (If outside corporate limits, write RURAL and give township) BILLINGS		0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION ANDREWS DRUG STORE				d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) EDWARD		c. (Last) BURGER	
4. DATE OF DEATH		(Month) JULY		(Day) 23		(Year) 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 6-1892	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		IF UNDER 6 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER OF CREAMERY		10b. KIND OF BUSINESS OR INDUSTRY PROCESSING OF MILK		11. BIRTHPLACE (State or foreign country) BILLINGS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM BURGER		13b. MOTHER'S MAIDEN NAME MARY KLINNE		14. NAME OF HUSBAND OR WIFE PAULINE GIERKE, BURGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-10-5656		17. INFORMANT'S SIGNATURE OR NAME MRS. PAULINE BURGER, BILLINGS, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIO SCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) (Min.)		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>10</u> to <u>10</u> , that I last saw the deceased alive on <u>July</u> , 1951, and that death occurred at <u>9:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE John Alan Harris		(Degree or title) Coroner Christian Co.		23b. ADDRESS Clever, Mo.		23c. DATE SIGNED July 26-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 28-1951		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S CEMETERY		24d. LOCATION (City, town, or county) (State) BILLINGS MISSOURI	
DATE REC'D BY LOCAL REG. July 28, 1951		REGISTRAR'S SIGNATURE Alvin Dreyer		25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris		ADDRESS Clever, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1951

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.