

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32162

State File No. ....

FILED OCT 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5655 Registrar's No. 6

550  
0

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville,</u> <u>0541</u>	
c. LENGTH OF STAY (In this place) <u>276</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Berger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1952</u>
--	-----------------------	-------------------------	--

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>12-20-88</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	--	-------------------------------------	--	---------------------------	--------------------------	---------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager of Oil Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Company</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	--

13a. FATHER'S NAME <u>John Jacob Berger</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Vian</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Berger</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann (Wilson) Peck, Mt. Vernon, Mo.</u>
--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>About 11 Months.</u> <u>Abt. 7 Mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Seminoma of Right Testicle</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>178 X A</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-12-1951, to 9-15-1952, that I last saw the deceased alive on 9-15-1952, and that death occurred at 11:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. ...</u>	(Degree or title)	23b. ADDRESS <u>Missouri State San. Mount Vernon, Missouri</u>	23c. DATE SIGNED <u>9-15-52</u>
------------------------------------	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
---	-----------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. <u>9-18-52</u>	REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Gossert, Mt. Vernon, Mo.</u>
--	--	-----	---

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 me

working under my personal supervision.

Student Embalmer No.....

Signed

*A. W. Forsett*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2907

P. O. Address W. A. Kerns, 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.