No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10856

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO 3052 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 E. 10th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 102 E. 10th

3. NAME OF DECEASED (Type or Print)
a. (First): Katie
b. (Middle): V.
c. (Last): Burger

4. DATE OF DEATH (Month) (Day) (Year): March 21 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 9 - 1879
9. AGE (In years last birthday): 74 | If under 1 year: Months 2, Days 12 | If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Pilot Grove Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: James M. Steger
13b. MOTHER'S MAIDEN NAME: Luzetta Hull
14. NAME OF HUSBAND OR WIFE: Wm H. Burger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Verna Brown
ADDRESS: Sedalia

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
b Cerebral Hemorrhage — 72 hrs.

II. ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) Hypertensive, Arteriosclerotic Heart Disease — 14 yrs.
(c) Right Hydronephrosis, chronic — 14 yrs.

III. OTHER conditions
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Left Recurrent Pyelonephritis Hemorrhagic — 14 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-20- *, 1939, to* 3-21- *, 1953, that I last saw the deceased alive on* 3-21- *, 1953; and that death occurred at* 10:20 pm *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Rodeman, (Degree or title) M.D.
23b. ADDRESS: Sedalia, Missouri
23c. DATE SIGNED: 3-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-53
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove cemetery
24d. LOCATION (City, town, or county) (State): Pilot Grove Mo

DATE REC'D BY LOCAL REG.: 3-24-53
REGISTRAR'S SIGNATURE: A. Campbell M.D. Pettis Co Health Dept
25. FUNERAL DIRECTOR'S SIGNATURE: Mc Laughlin Bros
ADDRESS: Sedalia
(Licensed Embalmer's Statement on Reverse Side)

251-D

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. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.