

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38581

State File No. _____
Registrar's No. 348

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Jefferson City, Mo</u>	c. LENGTH OF STAY (In the place)	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles C Still Hospital</u>		e. STREET ADDRESS (If appl. give location) <u>311 Vista Road 0264</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>Ferguson</u> c. (Last) <u>Burger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10-1953</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4 1884</u>	9. AGE (In years) (Month) (Day) (Year) <u>69 7 6</u>	IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)	IF UNDER 2 HRS. (Hours) (Mins.)
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10a. USUAL OCCUPATION (Give kind of work during most of working hours if retired) <u>Retired Police Officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Police Officer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles F Burger</u>	13b. MOTHER'S MAIDEN NAME <u>Abigail Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary F Burger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give type of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs May Burger Jefferson City</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>2 yrs.</u>
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 12-7, 1953, to 12-10, 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 7:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>E. Spencer Macaulay MD</u>	23b. ADDRESS <u>20303 W. M. Carter, Jefferson City</u>	23c. DATE SIGNED <u>12-10-53</u>
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24a. BURIAL/CREMATION REMOVAL (Specify)	24b. DATE <u>Dec 12-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 11-1953</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin MD MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Victor Buechler Jefferson City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-1-19

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 *Victor Bueache*.....

Licensed Embalmer No. *370*.....

P. O. Address *Jefferson*.....

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.