

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

43352

State File No.

FILED JAN 6 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 578

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baxter Springs</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1339 Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>	b. (Middle) <u>Dale</u>	c. (Last) <u>De Burger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-53</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>divorced</u>	8. DATE OF BIRTH <u>July 29-1930</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>bus station</u>	11. BIRTHPLACE (State or foreign country) <u>Bear Forest Ark</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hermet De Burger</u>	13b. MOTHER'S MAIDEN NAME <u>Lona Mathews</u>	14. NAME OF HUSBAND OR WIFE <u>Charles A De Burger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>574-24-2505</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles A De Burger</u>	ADDRESS <u>Baxter Springs, Kans</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Extensive deep lacerations to the entire brain and cerebellum.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>nine hours</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Multiple fractures of the skull involving temporal, frontal, ethmoidal and occipital areas.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E 8224 32</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT X (Specify) SUICIDE HOMICIDE <u>automobile</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway north of</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baxter Springs, Kansas</u>
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21d. TIME OF INJURY <u>December 18, 1953 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Went into curve too fast & rolled the car</u>
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2. I hereby certify that I attended the deceased from _____ a number of times, thrown on pavement; head alive on 12-18, 1953, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS <u>410 Jackson Joplin, Mo.</u>	23c. DATE SIGNED <u>12-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>12-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Spgs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs Kansas</u>
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DATE REC'D BY LOCAL REG. <u>12-28-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Baxter Spgs, Kans.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 5 1954

Jasper County Health Office

County File Number 54-1-25

Date Filed JAN 5 1954

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 _____

Wene Funeral Home

working under my personal supervision.

Student Embalmer No.

Signed

J. Lane Wene

Signed.....
Student Embalmer

Licensed Embalmer No. 2880 mo

P. O. Address Baylis Street, Kani

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.