

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006060
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 76

300
-57 0

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JOPLIN</u> <u>0495</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP</u>		Length of stay in 1b <u>70 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>719 PENN.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GARNETT L. BURGER</u>			4. DATE OF DEATH Month Day Year <u>FEB 4, 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 27, 1884</u>		9. AGE (In years last birthday) <u>74</u> F UNDER 1 YEAR Months Days Hours Min.
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>RETAIL SALES</u>		11. BIRTHPLACE (City and state or country) <u>GARNETT, KAN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>DAN BURGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA OSBORN</u>	
14. NAME OF HUSBAND OR WIFE <u>VALLA BURGER</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>4501</u>	
17. INFORMANT <u>MRS. VALLA BURGER, JOPLIN</u>		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Gangrene left leg</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u>					<u>10 yrs</u>
DUE TO (c) <u>Cerebral Enlargement & Decompression</u>					<u>1 YEAR</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>January, 1959</u> , to <u>2/4/59</u> and last saw <u>him</u> alive on <u>2/4/59</u> Death occurred at <u>10:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Go Schmitt</u>			22b. ADDRESS <u>2125 Jackson, Joplin, Mo.</u>		22c. DATE SIGNED <u>2/10/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL FEB. 7, 1959</u>		23b. DATE <u>FEB. 7, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>	
23d. LOCATION (City, town, or county) <u>JOPLIN</u>		23e. STATE <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Hurlbut Glose, Joplin</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-12-59</u>	
26. REGISTRAR'S SIGNATURE <u>Dove Merriman</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dale Glover*

Licensed Embalmer No. *4593*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.