

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-009559**

**FILED VS. FEB 23 1960**

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Taney</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Forsyth</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Taney</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 160-76</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Chadwick</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Swan Route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
<b>JOHN GEORGE BURGER</b>			<b>Feb. 11, 1960</b>				
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR
<b>male</b>	<b>white</b>		<b>4-15-1916</b>	<b>43</b>	Months <b>9</b>	Days <b>27</b>	Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Store</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Burger</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Clark</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW2</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs Nancy Burger, Chadwick, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Head injuries</b>							<b>instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>car Accident</b>							
DUE TO (c) <b>car ran off road</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days.		
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>truck ran off road partly throwing</b>					
20c. TIME OF INJURY Hour <b></b> s.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>	<b>victim out of truck</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 160-76</b>	20f. CITY, TOWN, OR LOCATION <b>Forsyth</b>		COUNTY <b>Taney</b>	STATE <b>Mo.</b>		
21. I attended the deceased from <b>never</b> to <b>never</b> and last saw him alive on <b>-</b>							
Death occurred at <b>11 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Walter S. Cobb Coroner</b>				22b. ADDRESS <b>Branson, Mo</b>			22c. DATE SIGNED <b>2/16/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2-15-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Helphrey Cemetery</b>		23d. LOCATION (City, town, or county) <b>Taneyville, Mo</b>			(State)
24. FUNERAL DIRECTOR ADDRESS <b>Forsyth Funeral Home, Forsyth, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>2/18/60</b>	26. REGISTRAR'S SIGNATURE <b>Relew Campbell</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 473

P. O. Address Branon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.