

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009749

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in 1b 6 mo		c. CITY OR TOWN Tarkio		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BYRON Middle FRANCIS Last BURG				4. DATE OF DEATH Month March Day 16 Year 1960					
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/30/1890		9. AGE (last birthday) 69 IF UNDER 1 YEAR Months 3 Days 16 IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd farmer			10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (City and state or country) Tarkio, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME William C. Burg			13b. MOTHER'S MAIDEN NAME Prudentia Howell			14. NAME OF HUSBAND OR WIFE Mrs. Davina Burg			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 489-30-6728		17. INFORMANT Address Mrs. Byron F. Burg Tarkio, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident DUE TO (b) Arterio-sclerotic Cardio-vascular disease DUE TO (c) Diabetes mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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 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 a.m. p.m. Month, Day, Year									
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 1/18/54 to 3/16/60 and last saw him alive on 3/16/60 . Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or Title) W. H. Hidermeyer M.D.				22b. ADDRESS Tarkio, Missouri.				22c. DATE SIGNED 3/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/19/60	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery		23d. LOCATION (City, town, or county) Tarkio, Missouri.		(State)		
24. FUNERAL DIRECTOR Davis Funeral Home Tarkio, Mo.				25. DATE RECD. BY LOCAL REG. Mar 17, 1960		26. REGISTRAR'S SIGNATURE Harwin J. Schaefer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0261
8-17-11

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

Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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