

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026184

STATE FILE NUMBER

FILED VS AUG 11 1960

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 141

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camp Branch Twp.</u>		Length of stay in 1b <u>10 years</u>		c. CITY OR TOWN <u>Garden City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At The Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 1/2 miles N. W.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle _____ Last <u>Buerge</u>				4. DATE OF DEATH Month <u>8</u> Day <u>2</u> Year <u>1960</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>9/30/1890</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Jasper, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John I Buerge</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Scott</u>				14. NAME OF HUSBAND OR WIFE <u>Annie Buerge</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>195-42-5847</u>		17. INFORMANT Address <u>Garden City, Missouri</u> <u>Mrs. Annie Buerge</u>							
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>CARCINOMA PROSTATE</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Metastatic Carcinoma Lungs</u>										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 <u>7:30 PM</u> on <u>Aug 2, 1960</u> to <u>Aug 2, 1960</u> and last saw <u>her</u> <u>him</u> alive on <u>Aug 2, 1960</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>Harrisonville Mo</u>			22c. DATE SIGNED <u>4 Aug 1960</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/5/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>							
24. FUNERAL DIRECTOR <u>Atkinson-Dickey Garden City, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-5-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Gay Sebree</u>					

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

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Henry J. Hickey

Licensed Embalmer No.

4685

P. O. Address

Studen City

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.