

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037766

ISSUED VS NOV 10 1960

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u>		Length of stay in 1b <u>71 years</u>		c. CITY OR TOWN <u>Billings, RFD</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>Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>nr 1/4 mile Edsite</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Anthony</u> Last <u>Burger</u>				4. DATE OF DEATH Month <u>October</u> Day <u>30</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>March 17, 1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>71</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer & Elevator Operator--Hotel</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Billings, Missouri</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Burger</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Klinchaus</u>			14. NAME OF HUSBAND OR WIFE <u>Theresa Schatz</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>491-42-5805</u>		17. INFORMANT <u>Floyd Burger, Billings, Missouri</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 Heart Disease with</u> <u>congestive failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b) <u>congestive failure</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 mo</u>		
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 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>11-19-57</u> to <u>10-30-60</u> and last saw ^{her} him alive on <u>9-12-60</u> Death occurred at <u>11:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>E. E. [Signature]</u> (Degree or title)				22b. ADDRESS <u>M.D. 609 Cherry-Springfield, Mo.</u>				22c. DATE SIGNED <u>11-2-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/2/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Cemetery</u>			23d. LOCATION (City, town, or county) <u>Billings, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>J. Dean Harris, Clever, Missouri</u>				25. DATE REC'D. BY LOCAL REG. <u>Nov. 5, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Oline Huetten</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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.