

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000626

FILED VS JAN 18 1961

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLADSTONE, Mo.</u>		Length of stay in 1b <u>July-1960</u>	c. CITY OR TOWN <u>GLADSTONE</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>1611 E. 60th TERR.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1611 E. 60th TERR.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HARLAND BERNARD BURGER SR</u>			4. DATE OF DEATH Month Day Year <u>1-4-1961</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>10-5-1922</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GOLD CROSS CO.</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS CITY Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>HARLAND G. BURGER</u>	13b. MOTHER'S MAIDEN NAME <u>CECILIA HIPPOLD</u>	14. NAME OF HUSBAND OR WIFE <u>BONNIE JEAN BURGER</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. II</u>	16. SOCIAL SECURITY NO. <u>W.W. II</u>	17. INFORMANT <u>MRS. BONNIE J. BURGER</u>	Address <u>1611 E. 60th TERR. GLADSTONE, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Heart Condition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart Attack

DUE TO (c)

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.
 Yes No 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 _____, to _____, and last saw her/him alive on _____.
Death occurred at Deputy Coroner, App. 12:30 P.M. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Deputy Coroner</u>	22b. ADDRESS <u>High</u>	22c. DATE SIGNED <u>1-6-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS N.K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-6-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Ferguson</u>
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AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

JAN 19 1961

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 John V. Hennick
Licensed Embalmer No. 4848

P. O. Address K.C. 17, 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.