

300  
1-56

Coroner, and must use only standard nomenclature in Item 10. No symptoms will be listed. All causes in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32719

STATE FILE NUMBER

Registration District No. 229 Primary Registration District No. 5796 Registrar's No. 23

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>California, Mo Walker</u>   |  |  | c. CITY OR TOWN <u>California, Mo</u> <u>slab 80</u>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home Rt # 4</u>   |  |  | d. STREET ADDRESS (If outside, give location)<br><u>Rt # 4</u>  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Micheal</u> Middle <u>Roger</u> Last <u>Burger</u>  |  |  | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>10</u> Year <u>1957</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 type="checkbox"/> DIVORCED <input type="checkbox"/>   |  |  | 8. DATE OF BIRTH<br><u>May 26 1957</u>  |  |  |
| 9. AGE (In years last birthday)<br><u>4</u> Months <u>7</u> Days <u>14</u> Hours <u></u> Min. <u></u>   |  |  | 10. IF UNDER 1 YEAR IF UNDER 24 HRS.  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  |  |
| 11. BIRTHPLACE (City and state or country)<br><u>California, Mo</u>   |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |
| 13. FATHER'S NAME<br><u>Roger Burger</u>  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Alta Bolin</u>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  |  |
| 17. INFORMANT<br><u>Roger J. Burger</u>   |  |  | Address<br><u>Calif. Mo.</u>  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Tetralogy of Fallot</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Asthma</u><br>DUE TO (c) <u>Influenza</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>481X</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 mo.</u><br><u>3 days</u><br><u>4 days</u>  |  |  |
| 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<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a. m. <u>p. m.</u>  |  |  |   |  |  |
| 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 Death occurred at <u>Oct 5, 1957</u> to <u>Oct 10, 1957</u> and last saw him alive on <u>Oct 10, 1957</u>  |  |  | Am on the date stated above and to the best of my knowledge, from the causes stated.  |  |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Earl Boulton D.O.</u>   |  |  | 22b. ADDRESS<br><u>California</u>   |  |  |
| 22c. DATE SIGNED<br><u>10/11/57</u>   |  |  |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  |  | 23b. DATE<br><u>10/12/57</u>  |  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>City Cemetery</u>  |  |  | 23d. LOCATION (City, town, or county) (State)<br><u>California, Mo</u>  |  |  |
| 24. FUNERAL DIRECTOR<br><u>Earl Boulton - California</u>  |  |  | 25. DATE RECD. BY LOCAL REG.<br><u>10/11/57</u>   |  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Harold Pope</u>   |  |  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Ernest Franklin*.....

Licensed Embalmer No. *21*.....

P. O. Address *Califon*.....

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