INSTITUTION HOME Rt # 4 4MO 1+Day ADDRESS Rt # 4			THE DIVISION OF	HEALTH OF MISSOURI	•	0740
Registration District No	THEN OCT 1	1 4 1957	STANDARD CER	TIFICATE OF DEATH	STATE 5	2/13
a. COUNTY Moniteau b. CITY (If overside copporate limits, give TOWNSHIP only) Inside Limits TOWN California, Mo	TILLD O G.		rict No. 224	Primary Registration Distri	c1 No. 5796 R	
b. CITY (If outside copporter limits, give TOWASHP only) Inside Limits OR TOWN California, Mo Walker Ves U Nog Walker Ves	001111-11	niteau		STATE	"IN COUNTY	odmission)
TOWN CALIFORNIA. NO WAIKET YEAR OR ST. TOWN CALIFORNIA. MO 168 YEAR NOR C. FULL TAWN OF GIRN OF GIRN OR COUNTY. STATE HOSPITAL OR HOS	b. CITY (If outside a		**	nits c. CITY	- SUUL L	
LEAST TOTAL OF HOME OF HOLD RED BY HE HONOUTH NOTICE OF HOLD RESIDENCE OF HOLD RESID	TOWN Calif		*******	° 50 TOWN Cali	ifornia. Mo	ALOS NosEL NOSE
Mark of print Michael Roger Bitter Michael Last Month Day Year	HOSPITAL OR			d. STREET _	(If outside, give lo	
SEX 6. COLOR OR RACE 7. MARRIED 18. POWER MARRIED 18. DATE OF BIRTH 19. AGE (in years in function that a purple of the state of the stat	DECEASED			_	OF	
Maje with the property of the	5. SEX 6.				9. AGE (In years IF U	NDER I YEAR OF UNDER 24 HRS.
NOTE THE STATE OF DEATH (Enter only one cause per lije for (5), (6), and (5)) Is cause of death (Enter only one cause per lije for (5), (6), and (5)) Is cause of death (Enter only one cause per lije for (5), (6), and (5)) Is cause of death (Enter only one cause per lije for (5), (6), and (5)) In Mediate Cause (a). In Mediate Cause (a). In Mediate Cause (a). In Mediate Cause (b). In Mediate Cause (a). In Mediate Cause (b). In Mediate Cause (c). In Mediate Cause (b). In Mediate Cause (c).	Male					1
NOTE ROPER BILIPERS NAME ROPER BILIPERS WAS DECEASED SUER IN U. S. ARMED FORCES) WAS AUTOMOTOR OF THE SUER OF THE SU	Og. USUAL OCCUPATION (C	live kind of work done 106	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (City and	state or country) D 12.	TITIZEN OF WHAT COUNTRY?
ROPET BITTORY 5. WIS DECEASED EVER IN U. S. ARMED FORCEST Ver. 80. OF INTERVAL BETWEEN NO 16. SOCIAL SECURITY NO NO 17. INFORMANT NO 18. CAUSE OF DEATH (Enter only one cause per lipe for (9), (4)), and (4)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any. which gare rise to obver cause rise to obver cause lifting cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE (TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Part II of Item 18.) 20c. ACCIDENT SUICIDE HOMICIDE 20c. TIME OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month, Day, Year INJURY a. m. OBLING OF Hour Month Death of users 21. I attended the deceased from 22. DATE SIGNIFURE CITY Cemetery California MO ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNIFURE CALIFORNIA ADDRESS 26. REGISTRAR'S SIGNIFURE CALIFORNIA ADDRESS 26. REGISTRAR'S SIGNIFURE CALIFORNIA ADDRESS 27. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNIFURE CALIFORNIA ADDRESS 28. REPORTED SIGNIFURE CALIFORNIA ADDRESS 28. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNIFURE CALIFORNIA CALIFORNIA ADDRESS 28. REPORTED BY LOCAL REG. 28. REGISTRAR'S SIGNIFURE CALIFORNIA CALIFORNIA COUNTY CALIFORNIA ADDRESS 29. DATE RECD. BY LOCAL REG. CALIFORNIA CALIFORNIA CALIFORNIA COUNTY C	None	• • • • • • • • • • • • • • • • • • • •		California.	Mo U	S.A.
5. WAS DECEASED EVERT IN U. S. ARNED PORCES! 16. SOCIAL SECURITY NO. 18. CAUBE OF DEATH [Enter only one cause per line for (9), (9), and (c)] PART I. DEATH WAS CAUSED BY: CONDITION (6) PART I. DEATH WAS CAUSED BY: CONDITION (6) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING/O DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(1) PART II. DEATH MACH	13. FATHER'S NAME		•	14. MOTHER'S MAIDEN NA	(ME	
Secure of Death (Enter only one cause per lips for (3), (4), and (7)	Roger Burge	r	,			
S. CAUSE OF DEATH (Enter only one cause per line for (5), (b), and (ct)	(Yes, no og unknown) (If s)	NO. 17. INFORMANT	Address	1 -20
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gate rise to stating the inder- itying couse last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(n) PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTING/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART				Mogar I.D.	yer carry	1. MO-
Conditions, if any, which gare rise to above cause (a), taking the underlying cause last. DUE TO (6) PART II. OTHER SIGNERIANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE (TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(n) DUE TO (6) PART II. OTHER SIGNERIANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE (TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(n) DUE TO (6) PART II. OTHER SIGNERIANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATE (TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.(n) 18. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF HOUR MONTH II. (a) PART II. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT IN OTHER II. (a) 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or about home, p. m. 20c. TIME OF Hour Month, Day, Year Injury (e.g., in or			er (the far (a), 19), and (c)]		Toping	
which gare fige to above cause (a), stating the under-lying cause last. Due to (c	IMA	AEDIATE CAUSE (a)	enaco	Tel of I	1607	4 mi.
above cause (a). Stating the underlying cause last. DUE TO (C	Conditions, if a	ny.) DUE TO (6)	Offi	Heura_		3 days
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. Time OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY a.m. p.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from 2/30 Am on the date stated above; and to the best of my knowledge, from the causes stated. 21. I attended the deceased from 12/30 Am on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 22b. ADDRESS 22c. DATE SIGNATORE 3a. BURIAL, CREMATORY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, form, or county) City Cemetery California Mo. 3a. BURIAL, CREMATORY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY California Mo. 3a. BURIAL, CREMATORY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY California Mo. 3a. BURIAL, CREMATORY California Mo. 3a. BURIAL, CREMATORY California Mo. 3a. BURIAL, CREMATORY California Mo. 3a. BURIAL CREMATORY Ca	above cause (s	a), } ler-	Influe	nga"		flows
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 21. I attended the deceased from 12/30 Am on the date stated above and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or fille) 22b. NAME OF CEMETERY OR CREMATORY CALIFORNIA, or county) (Side) BUT 12 1 O/12/57 City Cemetery ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATORE	PART II, OTHER S	IGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RE	LATE TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)	PERFORMED? _2
20c. TIME OF Hour Month, Day, Year INJURY of the Location County of the Location County of the Location County of the Location	F	i	. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of inju	ry in Part I or Part II of item I	
WHILE AT NOT WHILE farm, factory, street, office bldg., etc.) 21. I attended the deceased from 12/30 Am on the date stated above and to the best of my knowledge, from the causes stated. 22a. SIGNATURE 12b. ADDRESS 12c. DATE 12c. DATE SIGNED 12c. DATE SIGNED 12c. DATE SIGNED 10/12/57 City Cemetery California Mo 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 24. SIGNATURE 10/12/57 City Cemetery California Mo 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 26. REGISTRAY SIGNAY ORE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 26. REGISTRAY SIGNAY ORE 26. REGISTRAY SIGNAY ORE 27. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 28. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 29. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 29. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 29. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAY ORE 20. DATE RECD. BY LOCAL	20c. TIME OF Hour	Month, Day, Year	· . · ·	• • • • • • • • • • • • • • • • • • • •		
21. I attended the deceased from 12/30 Am on the date stated above and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degree or fille) 22b. ADDRESS 22c. DATE SIGNATURE (State) 10/12/57 City Cemetery California Mo 4 FUNERAL DIRECTOR ADDRESS 25. DATE RECD, BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD, BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 25. DATE RECD, BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	20d. INJURY OCCURRED	20e. PLACE OF	INJURY (e.g., in or about he	me, 20f. CITY, TOWN, OR LO	CATION · COUNT	Y STATE
Death occurred at 12/30 Am on the date stated above and to the best of my knowledge, from the causes stated. 220. SIGNATURE C.	WORK AT W	SRK U	V	ant n	<u> </u>	BV
Death occurred at 12/30 Am on the date stated above and to the best of my knowledge, from the causes stated. 220. SIGNATURE C.	21. I attended the	tecessed from	1. 5, 195 /to	0001.19,125	and last saw him alive or	Der: 19,115/
3a. Burial, Crémation 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (City, town. or county) (State) Burial 10/12/57 City Cemetery California Mo 4 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAFORE California Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAFORE California Mo ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAY SIGNAFORE		412,	/30 Am on the	date stated abover and to		from the causes stated.
23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10/12/57 City Cemetery California MO 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNAFORE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNAFORE 27. DATE RECD. BY LOCAL REG. 28. REGISTRAR'S SIGNAFORE 29. REGISTRAR'S SIGNAFORE 29. REGISTRAR'S SIGNAFORE 20. REGISTRAR'S SIGNAFORE 20. LOCATION (City, town, or county) (State)	22a. SIGNATURE		/)	1/1/0	brine	
Burial 10/12/57 City Cemetery California Mo 4 FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Cast Bourlin - California Mo 10/11/5-7 Last Bourlin - California Mo 10/11/5-7	3g. BURIAL, CREMATICH 2				 	nty) (Stufe)
Last Boulin - Calonia Mr. 10/11/5-7 Lelation of engl	Burial	10/12/57	City Cemet	erv	California.	Mo
(Licensed Embalmer's Statement on Reverse Side)					26. REGISTRAR'S SIGNATORE	Paperon
	THE PLANT OF		Icensed Embalmer's Sta	stement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

life to Lecorde	I OH WIE TO	ACT DE DIME	or this certificate	#43 C
		64	dant Embalman Na	
		314	dett Empanner 140	,
	-	•		
	•••••		, Stu	

Signed Engl Sta

P. O. Address Carl

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

Licensed Embalmer No. 2

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.