

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. 19231r

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 553

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural-So. Campbell Twp</u>	
c. LENGTH OF STAY (In this place) <u>29 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1915 S. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural-So. Campbell Twp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Leonard</u> b. (Middle) <u>Burger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 11, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frisco Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY (Retired) <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Caric, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jacob Burger</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Rhu</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>702-07-7174</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. L. Burger Springfield</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease and cerebral arteriosclerosis</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4900</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 5/11/49, 1949, to 6/21/49, 1949, that I last saw the deceased alive on 5/22/49, 1949, and that death occurred at 1:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm O T ... M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>6/22/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-23-49</u>		REGISTRAR'S SIGNATURE <u>W L Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN KOHMEYER SPRINGFIELD, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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JUL 19 1949

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Paul E. Steung*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2457

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.