

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4484

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Merriam	
d. FULL NAME OF HOSPITAL OR INSTITUTION On a public street enroute to St. Johns Hosp.		d. STREET ADDRESS (If rural, give location) 5627 Newton Road	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Earl c. (Last) Burgener			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Sept. 7, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 18 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Burgener	13b. MOTHER'S MAIDEN NAME Elizabeth Maupin	14. NAME OF HUSBAND OR WIFE Elsie O. Burgener
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 487-10-8469	17. INFORMANT'S SIGNATURE OR NAME Elsie O. Burgener	ADDRESS Merriam, Kans
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. UNATTENDED BY A PHYSICIAN			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W.L. Handley	Local Registrar of Vital Statistics	23b. ADDRESS Only Hall Springfield Mo	23c. DATE SIGNED 2/21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY un known	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 2-21-50	REGISTRAR'S SIGNATURE W.L. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Samuel Schaff	ADDRESS Springfield, Mo
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WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396
3

MAR 7 1961

JS JAN 18 1960

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.

Signed *L. Dashi Gorman*

Signed.....
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.