

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29688**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>261</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?) a. STATE <u>Mo.</u> b. COUNTY <u>Lin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>IRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>5 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bucklin</u>		<u>0580</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.O.H.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE E. BURGNER</u>			b. (Middle)			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 18, 1954</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>Dec 26, 1882</u>		
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>22</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marionette, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>					
13a. FATHER'S NAME <u>Conard Burgner</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Cooley</u>			14. NAME OF HUSBAND OR WIFE <u>Etta B. Burgner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>711-01-5218</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Etta B. Burgner, Bucklin, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure (Apoplexy)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>irreversible Shock</u> DUE TO (c) <u>Myocardial Infarction.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>9-16</u> , 19 <u>54</u> , to <u>9-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>54</u> , and that death occurred at <u>9:41 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>David W. Boone M.D.</u>				23b. ADDRESS <u>Irksville Mo.</u>			23c. DATE SIGNED <u>9-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 21, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marionette Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-19-54</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>By SA Johnson Bucklin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.