

FILED NOV 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 36121

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 514		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY: Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri b. COUNTY: Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural-Gillis Bluff Twp. Life		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural-Gillis Bluff Twp. Life		d. STREET ADDRESS (If rural, give location) Oulin, Rte. 2	
3. NAME OF DECEASED (Type or Print) OTTO CARL BERGER				4. DATE OF DEATH (Month) (Day) (Year) NOV. 13 1955			
5. SEX: Male		6. COLOR OR RACE: White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married		8. DATE OF BIRTH: Oct. 17 1906	
9. AGE (In years last birthday): 49		10. MONTHS: 0		11. DAYS: 26		12. IF ORDER IN MIN. Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (City and State or Foreign Country): Ogesville, Missouri		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Emil Berger		13b. MOTHER'S MAIDEN NAME: Martha Bergmann		14. NAME OF HUSBAND OR WIFE: none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service): No		16. SOCIAL SECURITY NO.: None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Martha Berger, Oulin, Mo. R.2			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral 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.				INTERVAL BETWEEN ONSET AND DEATH	
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) m.		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 Oct. 19 ⁵⁵ , to NOV. 19 ⁵⁵ , that I last saw the deceased alive on Nov. 13, 19 ⁵⁵ , and that death occurred at 7 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Benson L. Franklin</i>				23b. ADDRESS: Campbell, Mo.		23c. DATE SIGNED: 11-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial		24b. DATE: Nov. 15 1955		24c. NAME OF CEMETERY OR CREMATORY: Carola Cemetery		24d. LOCATION (City, town, or county) (State): Oulin, Mo. Rte. 2	
DATE REC'D BY LOCAL REG. 11/17/55		REGISTRAR'S SIGNATURE <i>R. H. Muehle...</i>		25. FUNERAL DIRECTOR'S SIGNATURE: Landess Funeral Home, Campbell, Mo.		ADDRESS	

RECEIVED
NOV 21 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Christina M. Linder

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.