

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1956

State File No. **37439**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Boonville</b>		c. CITY OR TOWN <b>Boonville</b>	
c. LENGTH OF STAY (in this place) <b>All of life</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, 215 Second St.</b>		STREET ADDRESS (If rural, give location) <b>215 Second St.</b>	
3. NAME OF DECEASED a. (First) <b>Raymond</b> b. (Middle) <b>B</b> c. (Last) <b>Burge.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 25 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>January 15 1908</b>
9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR (Months) (Days)	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stave Mill.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Burge.</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Barron</b>	
14. NAME OF HUSBAND OR WIFE <b>----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>492-12-6619</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Dora Burge, Boonville, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction.</b> <b>Gunshot wound chest</b> <b>Cerebral arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-----</b> DUE TO (c) <b>-----</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		981X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Boonville Cooper Mo</b>	21d. HOW DID INJURY OCCUR? <b>Homicidal gunshot wound</b>
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 25 '56 11:30 a.m.</b>	21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , that I last saw the deceased alive on <b>No attendance</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>M.L. DeGraeghe M.D.</b>		23b. ADDRESS <b>Boonville, Mo</b>	23c. DATE SIGNED <b>11/28/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 28 / 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>11/28/56</b>	REGISTRAR'S SIGNATURE <b>Hooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Bolter Boonville, Mo.</b>	

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

1931-1937 NHP

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.....  
Signature of Student Embalmer

Signed *G. F. Peller*.....

Licensed Embalmer No. *3067*

P. O. Address *Boonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.