

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

40296

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ORAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ORAN</b>	
c. LENGTH OF STAY (In this place) <b>72 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ORAN</b>			

3. NAME OF DECEASED (Type or Print) <b>BENJAMIN BERNARD BURGER</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>OCT. 28 1956</b>	(Month)	(Day)	(Year)
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 22 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 100 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED TOWERMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOSEPH BURGER</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINE HALTER</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA BURGER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EMMA BURGER</b>	ADDRESS <b>ORAN, MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of stomach</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. <b>-</b>			

19a. DATE OF OPERATION <b>Sept 7, 1956</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Liver + stomach</b>	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>-</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>-</b>
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22. I hereby certify that I attended the deceased from Aug 30, 1956, to Oct. 17, 1956, that I last saw the deceased alive on Oct 17, 1956, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>K. W. Ashley</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>CAPE GIRARD EM MO</b>	23c. DATE SIGNED <b>OCT 29 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 30 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW GUARDIAN ANGELS</b>	24d. LOCATION (City, town, or county) (State) <b>ORAN MO</b>
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DATE REC'D BY LOCAL REG. <b>11-5-56</b>	REGISTRAR'S SIGNATURE <b>Mustard Bierling</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl G. Smith</b>	ADDRESS <b>ORAN, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED NOV 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-335

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.....  
Student Embalmer

Signed

*Carl J. Smith*

Licensed Embalmer No. 2676

P. O. Address

Over, 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.