

Health, Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Blaine Z. Hibbard

Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

1403
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registration No. 262

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wichita</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Weaubleau</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Lukes</u>			Length of stay in lb <u>2 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>L.</u> Last <u>Burger</u>				4. DATE OF DEATH Month <u>1</u> Day <u>20</u> Year <u>57</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-13-1892</u>	9. AGE (In years last birthday) <u>64 65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist - self</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Battle Creek Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13. FATHER'S NAME <u>Charles Burger</u>				14. MOTHER'S MAIDEN NAME <u>Bessie Hogler</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>			16. SOCIAL SECURITY NO. <u>513-10-2468</u>		17. INFORMANT <u>Doris M. Burger</u> Address <u>Weaubleau Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction - Ventricular Fibrillation</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>15 yrs.</u> <u>4201</u>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Blocked Myocardial Infarction - 4 yrs. ago.</u>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>6:30</u> Month <u>1</u> Day <u>20</u> Year <u>57</u> a. m. <u>A</u> p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1 Nov 1947</u> to <u>20 Jan 1957</u> and last saw ^{him} him alive on <u>19 Jan 1957</u> Death occurred at <u>6:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Blaine Z. Hibbard MD</u>				22b. ADDRESS <u>411 Nichols Rd. KCMO</u>			22c. DATE SIGNED <u>20 Jan 57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<u>REMOVAL</u>	<u>JAN-20-1957</u>	<u>Outsinger Cem.</u>	<u>WHEATLAND</u>		<u>Mo.</u>				
24. FUNERAL DIRECTOR <u>D.W. Newcomer Sons</u>			ADDRESS <u>Kansas City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

FEB 6 1957

FEB 7 1957

MAR 28 1957

dschemin

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 *Richard L. Rogge*.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.