

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14637

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>De Witt</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Wash. Mo 104</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Wash</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		d. STREET ADDRESS (If rural, give location) <u>120</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADDIE</u> b. (Middle) <u>CLON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-49</u>
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>5-5-1858</u>
9. AGE (In years last birthday) <u>90</u>		10. UNDER 18? Hours Min. <u>11/19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Berbin</u>	
13b. MOTHER'S MAIDEN NAME <u>Beena Tiffer</u>		14. NAME OF HUSBAND OR WIFE <u>Ed</u>	
15. WAS DECEASED EVER IN THE ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>3, 4, 7</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3, 4, 7</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>3-14-1949</u> to <u>4-24-1949</u> that I last saw the deceased alive on <u>4-24-1949</u> , 19 <u>49</u> , and that death occurred at <u>1-15-49</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree of title) <u>R. S. Hall M.D. Newton</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>4-24-49</u>		24. LOCATION (City, town, or county) (State) <u>Joplin, Mo - 17</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-24-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Joplin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo - 17</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 27-1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u> 331	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill - Dillon, Joplin, Mo</u>		ADDRESS _____	

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

RECORDED

District Health Officer No. 7

District File Number 4-49-46

Date Filed 5-2-49

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.

Signed Marsh Eichegger

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.