

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26026

State File No. \_\_\_\_\_

FILED AUG 30 1949

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5033</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Cudraire</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> c. LENGTH OF STAY (in this place) <u>65</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Martinsburg Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cudraire</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Loutre</u> <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>1 mile North East of Martinsburg</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK JORCHIN BERTELS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22-1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 20-1878</u>		9. AGE (In years last birthday) <u>75</u> Months <u>11</u> Days <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during type of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Near Phalg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Bertels</u>		13b. MOTHER'S MAIDEN NAME <u>Kristens Bode</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Elly Bertels</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. S. Bertels Laddonia Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's Disease</u> ANTECEDENT CAUSES Ascribed 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 <u>5 yrs</u>				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) (Min) _____		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>June 6, 1944</u> , to <u>Aug 22, 1949</u> , that I last saw the deceased alive on <u>July 27, 1949</u> , and that death occurred at <u>5:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. K. McCall M.D.</u>		23b. ADDRESS <u>Laddonia Mo</u>		23c. DATE SIGNED <u>8-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug 24-1949</u>		24b. DATE <u>Aug 24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marlinsburg Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Aug 23-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Kelly</u>		ADDRESS <u>Kellyville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 29 1949  
District Health Officer No. 10  
District File Number 8-49-146  
Date Filed AUG 29 1949

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, ~~at~~ by

Student Embalmer No. ✓

working under my personal supervision.

Student ✓  
Student Embalmer

Signed A.B. Wells

Licensed Embalmer No. 1588

P. O. Address Wellerille, 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.