

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12229**
4 35
Registrar's No.

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 3089		State File No. 12229	
1. PLACE OF DEATH a. COUNTY Cape Girardeau.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau.					
b. CITY (If outside corporate limits, write RURAL and give township) Jackson Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Jackson Mo		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION Daisy Ives				d. STREET ADDRESS (If rural, give location) Daisy Ave.		9	
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle)		c. (Last) Best,		4. DATE OF DEATH (Month) (Day) (Year) May 3 1950	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 25 1980	
9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months 3 Days 8		IF UNDER 48 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson Mo. RFD #2		12. CITIZEN OF WHAT COUNTRY? U S A.	
13a. FATHER'S NAME August Voshage		13b. MOTHER'S MAIDEN NAME Anna Aufdenberg		14. NAME OF HUSBAND OR WIFE William Best Jackson Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm Best Jackson Mo			
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) Coronary thrombosis, acute few mm INTERVAL BETWEEN ONSET AND DEATH *ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary artery disease + myocardial damage DUE TO (c) Arteriosclerotic Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) May 3 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? May			
22. I hereby certify that I attended the deceased from Sept 3, 1947 , to April 3, 1950 , that I last saw the deceased alive on April 3, 1950 , and that death occurred at 8:45 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or title) D. S. Linton				23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 5/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE May 5 1950		24c. NAME OF CEMETERY OR CREMATORY Russell Height		24d. LOCATION (City, town, or county) (State) Jackson Mo	
DATE REC'D BY LOCAL REG. May 5-50		REGISTRAR'S SIGNATURE D. S. Linton		EMERALD DIRECTOR'S SIGNATURE McComb + Pico		ADDRESS Jackson Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1958

APR 8 1958

HEALTH OFFICE No.

550-662

APR 25 1958

APR 26 1958

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 *BA Meyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *3051*

P. O. Address *Jackson W*

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.

[Handwritten signatures and notes at the bottom of the page]