

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14144

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4431		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon		085	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) August		a. (First)		b. (Middle)		c. (Last) Berling	
4. DATE OF DEATH 8 19 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 11/6/1864		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming--Retired		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John D. Beckman		13b. MOTHER'S MAIDEN NAME Henrietta Berling		14. NAME OF HUSBAND OR WIFE Emma C. Berling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma C. Berling, Dixon, Missouri		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral-vascular accident</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic hypertension</i> 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 6 mos yes 331X	
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) (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 Nov - 1949, to March, 1950, that I last saw the deceased alive on 12-1-50, and that death occurred at 9:05A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. Douglas M. Miller</i>				23b. ADDRESS <i>Dixon, Mo</i>		23c. DATE SIGNED <i>22 Apr 50</i>	
24a. BURIAL-CREMA-TION, REMOVAL (Specify) Burial		24b. DATE 4/22/1950		24c. NAME OF CEMETERY OR CREMATORY Kenner		24d. LOCATION (City, town, or county) (State) Maries County, Missouri	
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE <i>Thelma C. Buckthorpe</i>		389 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4/27/50  
Pulaski County Health Officer

File Number.....

Date Filed 4/27/50.....

FEB 13 1962

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.....

April 19- 1950

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.