

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15500
Registrar's No. 89

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood Schackelford (Rural) Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Erna Fitzgibbon Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Shackelford R.F.D # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Erna Ida</u> b. (Middle) <u>Mathilda</u> c. (Last) <u>Margfrede</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/23/1908</u>
9. AGE (In years last birthday) <u>41</u>		10. MONTHS <u>3</u>	11. DAYS <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cwn Home</u>	11. BIRTHPLACE (State or foreign country) <u>Union Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Henry Ohrenberg</u>	
13b. MOTHER'S MAIDEN NAME <u>Katharine Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Fred J. H. Bargfrede</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred J. H. Bargfrede</u>		ADDRESS <u>Schackelford, Missouri, # 1</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous</u> 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) <u>Squamous Carcinoma Rt. Breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
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)		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>Jan. 1948</u> , to <u>April 22, 1950</u> , that I last saw the deceased alive on <u>April 22, 1950</u> and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James A. Reid M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshall, Missouri</u>	
23c. DATE SIGNED <u>4-25-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Bremer</u>	
DATE REC'D BY LOCAL REG. <u>April 25-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> ADDRESS <u>385</u>	

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

RECEIVED MAY 1 1
District Health Officer No. 8,
District File Number _____
Date Filed 5/4/50

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.....
Student Embalmer

Signed Alfred A. Brewer

Licensed Embalmer No. 2696

P. O. Address Alma, 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.