

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15853

FILED JUN 2 1950

BIRTH NO. _____		REG. DIST. NO. <u>321</u>		PRIMARY REG. DIST. NO. <u>4044</u>		Registrar's No. <u>48</u>					
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bollinger</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma, Wayne</u> <u>0080</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>V</u> c. (Last) <u>Berong</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5-</u> <u>21</u> <u>50</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>Sept 21st 1883</u>					
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months <u>8</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joe Bennett</u>				13b. MOTHER'S MAIDEN NAME <u>Fish</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Berong</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Schrader</u> ADDRESS <u>Zalma, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis & Nephrosis</u> ANTECEDENT CAUSES Morbidity 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>Not Known</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) m. _____				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>March</u> , 1950, to <u>10 May</u> , 1950, that I last saw the deceased alive on <u>10 May</u> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr. Merrill D.O.</u>				23b. ADDRESS <u>Advance, Mo.</u>				23c. DATE SIGNED <u>22 May 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>5-23-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Berong</u>			
24d. LOCATION (City, town, or county) <u>Zalma, Mo.</u>				24e. (State) <u>Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 22/50</u>				REGISTRAR'S SIGNATURE <u>Willie N. Dunbar</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>St. Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 1 1950

DISTRICT HEALTH OFFICE No.

650-749

JUN 2 1950

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.

Student _____
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Leesville, 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.