No. 300
10-48

0130
4

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

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16036

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 25 -

1. PLACE OF DEATH
a. COUNTY: CALDWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRECKENRIDGE
c. LENGTH OF STAY (in this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SOUDERS NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALDWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRECKENRIDGE-RURAL 0130
d. STREET ADDRESS (If rural, give location): 1 MILE NORTH OF BRECK.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): GEORGE
c. (Last): RADENBERG

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14, 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: July 22, 1878
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): BRECKENRIDGE, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: STEPHEN RADENBERG
13b. MOTHER'S MAIDEN NAME: MARY TOBBEN RADENBERG
14. NAME OF HUSBAND OR WIFE: SINGLE

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: EDITH RADENBERG BRECKENRIDGE

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) Influenza Bronchopneumonia Hypertension Hypertrophied heart.

ANTECEDENT CAUSES

Morbid 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: 3 weeks

480 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 22, 1950, *to* Mar 14, 1950, *that I last saw the deceased alive on* Mar 14, 1950, *and that death occurred at* 3-30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Webb M.D. 0
23b. ADDRESS: Breckenridge Mo
23c. DATE SIGNED: 3-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: MAR. 16, 1950
24c. NAME OF CEMETERY OR CREMATORY: ROSE HILL
24d. LOCATION (City, town, or county) (State): BRECKENRIDGE, MO.

DATE REC'D BY LOCAL REG.: 4-15-50
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones 373
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gene C. Michael Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 27 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.~~

Signed Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

~~Signed~~ _____
~~Student Embalmer~~

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.