

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19871

0360

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

BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 4187		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. LENGTH OF STAY (In this place) 60 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Bertha S. Schreiber			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 24, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 2, 1864	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 10	11. UNDER 2 WKS. Days 22	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Dayton Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Dean		13b. MOTHER'S MAIDEN NAME C. Kagel		14. NAME OF HUSBAND OR WIFE William Schreiber			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eli Muench ADDRESS Union, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary 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. 175X				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
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)		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 May 10, 1950, to 24 June, 1950, that I last saw the deceased alive on 23 June, 1950, and that death occurred at 6:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William Richardson, M.D.				23b. ADDRESS Union, Mo.		23c. DATE SIGNED 55 June 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-50		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Union, Missouri	
DATE REC'D BY LOCAL REG. June 26-1950		REGISTRAR'S SIGNATURE F. J. Cooper - E.F.C. 980		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Missouri Funeral Home Muench Mo.			

RECEIVED JUL 5 1950
District Health Officer No. 9,
Central Fire Number

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 _____

Harlan H. Phamper

Student Embalmer

Licensed Embalmer No. *4788*

P. O. Address *Missouri 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.