

FILED JUL 24 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24328

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville Gen. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WANDA</u> b. (Middle) <u>Faye</u> c. (Last) <u>BERRETH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>14</u> <u>50</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. M.</u>	8. DATE OF BIRTH <u>2/2/46</u>
9. AGE (in years last birthday) <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Twin Falls, Idaho</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Berreth</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Cantrell</u>	
14. NAME OF HUSBAND OR WIFE		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>N</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Cantrell</u> ADDRESS <u>Houston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive Burns of Skin</u> <u>60% total surface area</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u> 3.03 11.10 <u>16</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		11. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		107	
21a. ACCIDENT (Specify) <u>ISOMETIC</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? <u>Playing with matches - clothes caught fire</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-14-50 1:30 PM</u>		21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
22. I hereby certify that I attended the deceased from <u>1:45 PM 7-14-50</u> , to <u>4:30 PM 7-14-50</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>50</u> , and that death occurred at <u>11:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Scott Kramer M.D.</u> (Degree or title)		23b. ADDRESS <u>Houston, Mo.</u>	
23c. DATE SIGNED <u>7-15-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>7-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma C. Buckthorpe</u> ADDRESS <u>Houston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-21-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> ADDRESS <u>Houston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/21/50
Pulaski County Health Officer

File Number.....

Date Filed 7/21/50.....

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.....

....., Student Embalmer No.,
working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.