

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31186

State File No. \_\_\_\_\_

BIRTH NO. 0735 REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5825 Registrar's No. 11

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper 0475</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoal Creek Dr (Nursing Home)</u>               |  | d. STREET ADDRESS (If rural, give location) <u>1312 Byers Ave.,</u>   |  |

|   |  |                                   |
|---|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) <u>Bertha</u> | a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Hall</u> | 4. DATE OF DEATH <u>8-10-1950</u> |
|---|--|-----------------------------------|

|                      |                               |   |                                    |   |                                 |                                |                               |
|----------------------|-------------------------------|---|------------------------------------|---|---------------------------------|--------------------------------|-------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11-19-1866</u> | 9. AGE (in years last birthday) <u>43</u> | IF UNDER 1 YEAR <u>8</u> Months | IF UNDER 1 YEAR <u>21</u> Days | IF UNDER 1 HRS. <u>1</u> Min. |
|----------------------|-------------------------------|---|------------------------------------|---|---------------------------------|--------------------------------|-------------------------------|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u> | 11. BIRTHPLACE (State or foreign country) <u>Frankfort, Germany</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|--|---|---|---|

|  |   |                                   |
|--|---|-----------------------------------|
| 13a. FATHER'S NAME <u>Casper Wilgand</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs D. E. Bay-Sturgeon Bay, Wisconsin</u> |
|--|-------------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with hemorrhage</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arrive hyperbriation</u> |  | <u>154X</u>                                  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 7-6-1950, to 8-10-1950, that I last saw the deceased alive on 8-8-1950, and that death occurred at 10:43 a.m., from the causes and on the date stated above.

|   |                               |                                 |
|---|-------------------------------|---------------------------------|
| 23a. SIGNATURE <u>E. H. Hamilton M.D.</u> (Degree or title) | 23b. ADDRESS <u>Joplin Mo</u> | 23c. DATE SIGNED <u>8-11-50</u> |
|---|-------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-11-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u> |
|---|----------------------------|--|--|

|   |  |   |               |
|---|--|---|---------------|
| DATE REC'D BY LOCAL REG. <u>8-12-50</u> | REGISTRAR'S SIGNATURE <u>Edw. J. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u> | ADDRESS _____ |
|---|--|---|---------------|

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 850-171

Date Filed AUG 21 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 William E. Hubbard

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.