

FILED DEC 6 1950

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

State File No. 36643

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boonville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boonville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosebud Route 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rosebud Route 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GUSTAV</u>		b. (Middle) <u>ADOLPH</u>		c. (Last) <u>BERGER</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 13, 1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		9. AGE (In years last birthday) <u>75</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1950</u>	
11. BIRTHPLACE (State or foreign country) <u>Owensville Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Fredrick Berger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Weidmark</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Schweppe Berger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lena Berger - Rosebud 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Sigmoid Colon</u> 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. <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>1 yr ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstructing Ca of Sigmoid Colon</u>				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 <u>July</u> , 19 <u>46</u> , to <u>Nov 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>50</u> , and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. A. Schumacher</u>				23b. ADDRESS <u>Greisd mo</u>		23c. DATE SIGNED <u>11-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Wake Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/5/50</u>		REGISTRAR'S SIGNATURE <u>J. M. Schumacher</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Midford H. N. White OWENSVILLE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC -2 1950

RECEIVED

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 Mr.

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter H. Winters

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.