

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43416

FILED DEC 20 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 15

1090

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrette</u> | | c. LENGTH OF STAY (in this place) <u>33 years</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Charrette</u> | | 1970 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile North Dutzow, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>1 Mile North Dutzow, Mo.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Edward</u> c. (Last) <u>Berg</u> | | 4. DATE (Month) (Day) (Year) OF DEATH <u>12/11/50</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>August 14, 1888</u> |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </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>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Dutzow, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Henry Berg</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Alvena Dickmann</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gertrude Berg</u> | |
| 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>C.H. Berg</u> ADDRESS <u>Marthasville, Missouri</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>Valvular heart disease with decompensation</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u> <u>5 years</u> <u>4 1/2 yrs</u> <u>1 year</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardites</u> | | |
| | DUE TO (c) <u>chronic nephritis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 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) 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 <u>July 10, 1948</u> , to <u>12-11</u> , 1950, that I last saw the deceased alive on <u>12-11</u> , 1950, and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>Marthasville Mo</u> | 23c. DATE SIGNED <u>12-14-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/14/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Marthasville, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>12/14/50</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> 334 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marthasville, Mo.</u> | |

File No. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 12 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 _____

working under my personal supervision.

Student Embalmer No.

Signed: *Belmont F. Lichtenberg*

Signed.....
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.