

S. No. 300  
V. 10.48

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5492  
46  
Registrar's No.

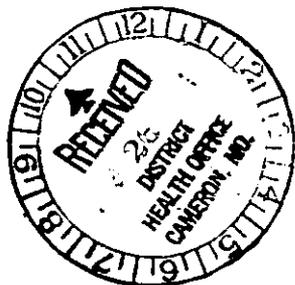
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3648

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARYVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOPKINS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>0740</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNA</b> b. (Middle) <b>MAY</b> c. (Last) <b>BERRINGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 22 1951</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>JAN 23 - 1918</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WORK</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. <b>33 0 24</b>
11. BIRTHPLACE (State or foreign country) <b>IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J. C. SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa M. Darnold</b>	14. NAME OF HUSBAND OR WIFE <b>AL FRED BERRINGER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alfred Berringer</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Tuberculosis from perirephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>abscesses</b> DUE TO (c) <b>pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>6001</b>	
19a. DATE OF OPERATION <b>2/20/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Pneumonia abscess</b>	
19a. DATE OF OPERATION <b>2/20/51</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>2</b>		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) (Min.)	
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 <b>2/19 1951</b> , to <b>2/21 1951</b> , that I last saw the deceased alive on <b>2/21 1951</b> , and that death occurred at <b>3:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>@ M. A. ...</b>		23b. ADDRESS <b>Hopkins Mo</b>	
23c. DATE SIGNED <b>2/22/51</b>		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-23-1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-24-51</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wesley Holtz 1329 Bedford, Iowa</b>	

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

5742  
0

(Licensed Embalmer's Statement on Reverse Side)



**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 Myself

working under my personal supervision.

Student Embalmer No.....

Signed Floyd Edheim

Signed.....  
Student Embalmer

Licensed Embalmer No. 2381 J.W.H.

P. O. Address Bedford La

**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.