

FILED MAY 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12159

BIRTH NO. _____		REG. DIST. NO. 110		PRIMARY REG. DIST. NO. 5425		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf		c. LENGTH OF STAY (In this place) <del>10</del> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Big Berger Creek				d. STREET ADDRESS (If rural, give location) 5 Miles East of Berger, Mo.			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) LOIS		b. (Middle) COLTER		c. (Last)	
4. DATE OF DEATH		Month 4		Day 29		Year 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 1-17-1931	
9. AGE (In years last birthday) 20		# UNDER 1 YEAR Months 3		# UNDER 1 YEAR Days 12		# UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gear Factory work		10b. KIND OF BUSINESS OR INDUSTRY Hat Factory		11. BIRTHPLACE (State or foreign country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Colter		13b. MOTHER'S MAIDEN NAME Catherine Berlemann		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-32-3731		17. INFORMANT'S SIGNATURE OR NAME John A. Colter Berger, Mo. RFD			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		136			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Big Berger Creek		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Berger RFD Franklin Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-29-1951 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Boat Sank-filled with water			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE: <i>Pho. P. Shaffer</i>				23b. ADDRESS		23c. DATE SIGNED 4/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-1951		24c. NAME OF CEMETERY OR CREMATORY Etlah Cemetery		24d. LOCATION (City, town, or county) (State) Berger, Mo. RFD	
DATE REC'D BY LOCAL REG. 5-1-1951		REGISTRAR'S SIGNATURE <i>Jessie Trammann</i>		93		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clayton Blumer</i> ADDRESS Berger Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

366  
3

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 3 1951

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.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Gustav W. Distule*

Licensed Embalmer No. *4329*

P. O. Address *H. Louis, 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.