

No. 300
10-48

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23960**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **230**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (In this place) 60 days		d. STREET ADDRESS (If rural, give location) 1314 East 11th.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rothwell Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle)	c. (Last) Bertholf	4. DATE OF DEATH (Month) (Day) (Year) July 1 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 3, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Peru, Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME George Grimes	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alonzo A. Bertholf
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charles R. Bertholf-Fort Wayne, Ind.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiparesis - Right leg DUE TO (c)		
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 132	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 24, 1951**, to **July 1, 1951**, that I last saw the deceased alive on **July 1, 1951**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas Gordon Steupach M.D.	23b. ADDRESS Sedalia Missouri	23c. DATE SIGNED 7-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery	24d. LOCATION (City, town, or county) (State) Smithton, Mo.
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DATE REC'D BY LOCAL REG. 7-17-1951	REGISTRAR'S SIGNATURE H. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. Weckert	ADDRESS Sedalia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

504

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51 _____

OCT 7 1951

OCT 7 1951

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 _____

Licensed Embalmer No. 3470

P. O. Address _____

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.