

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

State File No. **30950**

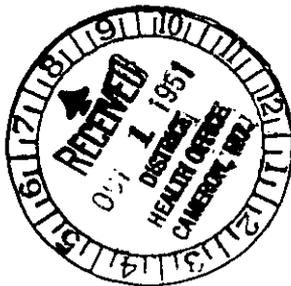
No. 306
10.48
FILED OCT 6 - 1951

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|--|------------------------------|---|--|---|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>251</u> | | PRIMARY REG. DIST. NO. <u>3048</u> | | Registrar's No. <u>214</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u> | | c. LENGTH OF STAY (in this place) <u>12 hrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> | | 0742 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>208 East Edwards</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>BERTHA</u> | b. (Middle) <u>KATHERINE</u> | c. (Last) <u>DE FREECE</u> | (Month) <u>9</u> | (Day) <u>17</u> | (Year) <u>51</u> | Female | 6. COLOR OR RACE <u>White</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>5/26/69</u> | | 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Berg</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>John J. DeFreece, dec.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Harmon, Maryville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic cardio vascular disease</u> DUE TO (c) <u>Neglect of edema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 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) (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 <u>9-16-51</u> to <u>Sept. 17, 19 51</u> , that I last saw the deceased alive on <u>9/17, 19 51</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>H.C. Bauman</u> | | (Degree or title) <u>M. D.</u> | | 23b. ADDRESS <u>Maryville, Mo.</u> | | 23c. DATE SIGNED <u>9/24/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>9/19/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u> | | 24d. LOCATION (City, town, or county) (State) <u>Parnell, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-29-51</u> | | REGISTRAR'S SIGNATURE <u>Beas Holt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

742



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 Robert L. Louter

Licensed Embalmer No. 4782

P. O. Address Maryville, 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.