

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. ....

603

0230

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Wyaconda, TP</u> ) c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0230</u> OR TOWN <u>Wyaconda Tp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) Emma b. (Middle) Berterman c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) Febr 5<sup>th</sup> 1952

5. SEX Female / 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 28<sup>th</sup> 1866 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Scotland County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Waters 13b. MOTHER'S MAIDEN NAME Mary Stickles 14. NAME OF HUSBAND OR WIFE H. J. Berterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Mo 17. INFORMANT'S SIGNATURE OR NAME C. M. Waters ADDRESS Wyaconda, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Apoplexy  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
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.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 334X 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12/31<sup>st</sup>, 1951, to 2/5<sup>th</sup>, 1952, that I last saw the deceased alive on 12/31<sup>st</sup>, 1951, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS Kahoka, Missouri 23c. DATE SIGNED 2/7<sup>th</sup> 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 7<sup>th</sup> 52 24c. NAME OF CEMETERY OR CREMATORY Gorin Cemetary 24d. LOCATION (City, town, or county) (State) Gorin, Missouri

DATE REC'D BY LOCAL REG. 2/9-52 REGISTRAR'S SIGNATURE [Signature] 25. GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Wyaconda Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo T. Bostwick

Licensed Embalmer No. 1814

P. O. Address Wyaconda 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.