

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4401

State File No. ....

DECEASED FEB 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 37

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>COLE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTPHALIA, MO.</u>                                       |  |
| c. LENGTH OF STAY (In this place) <u>5 DAYS</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>                                       |  |   |  |

|  |             |                           |   |
|--|-------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>FRANK</u> | b. (Middle) | c. (Last) <u>BERHORST</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>FEB. 10, 1952</u> |
|--|-------------|---------------------------|---|

|                    |                               |   |                                      |  |   |  |
|--------------------|-------------------------------|---|--------------------------------------|--|---|--|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>FEB. 2, 1882</u> | 9. AGE (In years last birthday) <u>70.</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--------------------------------------|--|---|--|

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>WESTPHALIA, MO. 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|--|--|

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|--|--|--|
| 13a. FATHER'S NAME <u>STEVE BERHORST</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY KAISER</u> | 14. NAME OF HUSBAND OR WIFE <u>CHRISTINE KLIETHERMES</u> |
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|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Knabel</u> ADDRESS <u>J. C. MO.</u> |
|--|-------------------------------------|---|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u><br><u>5 days</u><br><u>years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular tachycardia</u>   |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>myocardial infarction</u><br>DUE TO (c) <u>arteriosclerosis cardio-vascular disease</u> |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Feb 7, 1952 to Feb 10, 1952, that I last saw the deceased alive on Feb 10, 1952 and that death occurred at 4:45 AM from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE <u>Robert H.anner, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Jefferson City, Mo.</u> | 23c. DATE SIGNED <u>2-11-52</u> |
|--|---|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>FEB. 12, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH</u> | 24d. LOCATION (City, town, or county) (State) <u>WESTPHALIA, MO.</u> |
|---|--------------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>Feb 11-1952</u> | REGISTRAR'S SIGNATURE <u>A. J. Harris MD-MR</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u> ADDRESS <u>J. C. MO.</u> |
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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

*Sylvester Lull*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.