

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23357

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernb e		c. LENGTH OF STAY (in this place) 41 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernie, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie 1030	
		d. STREET ADDRESS (If rural, give location) Bernie, Mo. 6	
3. NAME OF DECEASED (Type or Print) IDA		a. (First) IDA	b. (Middle) WINER
		c. (Last) WINER	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1952
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH. May 15, 1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) USSR 6
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Klebansky	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Moyer	
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 486-38-0536	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jake Winer Bernie, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 5 years DUE TO (c) Carcinoma, Urinary Bladder 3 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Calculus, Right Kidney 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1817	
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) m.	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 May 29, 1952, to 24 June, 1952, that I last saw the deceased alive on 24 June, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Williams, M.D.		23b. ADDRESS Malden, Missouri	23c. DATE SIGNED 24 June 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/26/52	24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hag.	24d. LOCATION (City, town, or county) (State) Ladue, Mo.
DATE REC'D BY LOCAL REG. 6-27-52	REGISTRAR'S SIGNATURE Velma V. Jenkins 409 409	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *[Signature]*

Licensed Embalmer No. *3988*

P. O. Address *[Signature]*

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.