

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30640

State File No.

FILED SEP 16 1952

REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Loutre		d. STREET ADDRESS (If rural, give location) R.F.D. #1, Benton City
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) EUGENE c. (Last) BERGTHOLD Jr.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 9, 1952		9. AGE (In years) (If under 1 year: last birthday) (If under 1 year: Months) (If under 1 year: Days) (If under 1 year: Hours) (If under 1 year: Mins.) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Audrain County, Mo.	
13a. FATHER'S NAME Harold E. Bergthold Sr.		13b. MOTHER'S MAIDEN NAME Vivian A. Knowles		14. NAME OF HUSBAND OR WIFE Harold E. Berthold, Benton City, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harold E. Berthold, Benton City, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fetalis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rh factor - (3 months) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 48 hours Probably Louis first pregnancy.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m.		21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Sept 9, 1952, to Sept 12, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE James F. O'Brien, M.D.		23b. ADDRESS Mexico, Missouri		23c. DATE SIGNED 9-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 13, 52		24c. NAME OF CEMETERY OR CREMATORY Wyoming	
24d. LOCATION (City, town, or county) (State) Wyoming, Illinois		24e. DATE REC'D BY LOCAL REG. Sept 12, 1952		24f. REGISTRAR'S SIGNATURE Blanche Neely	
24g. FUNERAL DIRECTOR'S SIGNATURE Earl E. Puck		24h. ADDRESS Mexico, 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

Paul E. Puckett

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.