No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41963

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berger Boeuf
c. LENGTH OF STAY (in this place): 78 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HER RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berger, Mo. Boeuf 0360
d. STREET ADDRESS (If rural, give location): -0- 0

3. NAME OF DECEASED (Type or Print): a. (First) KATE b. (Middle) JOSEPHINE c. (Last) HALL

4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-29-1862

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 3, Days 3, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): Geneseo Ill

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sebastian Schmidt

13b. MOTHER'S MAIDEN NAME: Mary Magadelene Glatthaar

14. NAME OF HUSBAND OR WIFE: Silas A. Hall

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maud Trail ADDRESS: Berger, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio-sclerosis — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Trigeminal neuralgia with partial paralysis after injury — Do not know

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 332X

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) m.

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* 4/25, 1947, *to* 12/2, 1952, *that I last saw the deceased alive on* 12/1, 1952, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: B H Eisenmann (Degree or title) M.D.

23b. ADDRESS: New Haven, Mo.

23c. DATE SIGNED: 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-5-1952

24c. NAME OF CEMETERY OR CREMATORY: St. John's E&R Cem

24d. LOCATION (City, town, or county) (State): Berger Mo

DATE REC'D BY LOCAL REG.: Dec 4-52

REGISTRAR'S SIGNATURE: Edna D. Junge 475

25. FUNERAL DIRECTOR'S SIGNATURE: Paul F Blomer ADDRESS: Berger Mo

(Licensed Embalmer's Statement on Reverse Side)

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 August L. Blemer

Licensed Embalmer No. 3160

P. O. Address Hermann Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.