

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4574

FILED FEB 3 1953

360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3076 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>Nevada Mo.</u>		c. CITY OR TOWN <u>Cedarado Spring, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>A</u> c. (Last) <u>HERTZBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-4-1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Prairie Home Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Andrew Kornbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Lama E. Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Hertzberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Hertzberg Cedarado</u>	
				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>				<u>14 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Influenza</u>		<u>5 days</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>			

19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 Jan. 26 19 53 to Jan. 26, 19 53, that I last saw the deceased alive on Jan. 26, 19 53, and that death occurred at 8:45P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rolla B. Gray</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>		23c. DATE SIGNED <u>1/27/53</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedarado Spring</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cedarado Spring Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Wood E. Custer</u> ADDRESS <u>Cedarado Spring Mo.</u>	

(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 Floyd B. Carthage

Licensed Embalmer No. 4419

P. O. Address E. D. Road, Springfield, 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.