

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16799

State File No. _____

No. 300
10.48

FILED APR 22 1953

REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Ruth</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ruth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Reeds Spring Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>		b. (Middle) <u>Leona</u> c. (Last) <u>Froebel</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 31-1953</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 28-1898</u>	
9. AGE (In years last birthday) <u>54-11-3</u>		10. 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>Staley Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Tom Keithley</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Froebel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Earl Froebel - Reeds Spring</u>		ADDRESS <u>Reeds Spring</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>50-495</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)		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 <u>Feb - 1953</u> , to <u>Mar 2, 1953</u> , that I last saw the deceased alive on <u>18</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. P. Keatney MD</u>		23b. ADDRESS <u>Reeds Spring Mo</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhauer</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>	
25. ADDRESS <u>Galena Mo.</u>		DATE REC'D BY LOCAL REG. <u>Apr. 2-1953</u>	
REGISTRAR'S SIGNATURE <u>Mo. J. Elmer Brannon</u>		317-	
26. LICENSED EMBALMER'S SIGNATURE <u>Paulina Murray</u>		(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

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.