

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21229**BIRTH NO. **JUL 11 1953**REG. DIST. NO. **118**PRIMARY REG. DIST. NO. **4188**Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Owensville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Owensville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4-4</b>		d. STREET ADDRESS (If rural, give location) <b>Owensville, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Mattie</b>		a. (First) <b>Mae</b>		b. (Middle) <b>Berner</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Feb. 18, 1911</b>		9. AGE (In years last birthday) <b>42</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bay, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Fritz Helmich</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Branson</b>		14. NAME OF HUSBAND OR WIFE <b>Oscar Berner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Kreftmeyer</b>	
				ADDRESS <b>Owensville</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Fundus of uterus &amp; metastases</b>		ANTECEDENT CAUSES		DUE TO (b) <b>none</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		172X	

19a. DATE OF OPERATION <b>2-18-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of uterus &amp; metastases</b>		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 **2-6, 1953**, to **7-6, 1953** that I last saw the deceased alive on **7-6, 1953**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Rene A. Brunner, M.D.</b>		23b. ADDRESS <b>Owensville, Mo.</b>		23c. DATE SIGNED <b>7-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-9-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mantels Ev. Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>near Union, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>July 9, 1953</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maurine Japprey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Michael H. N. Winter</b>	
				ADDRESS <b>OWENSVILLE MO.</b>	

(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.