

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35719**

No. 300
No. 48

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FILED OCT 29 1953 REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Rural "Chanton" Twp. 23 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Chanton Twp. Rural 0450	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3 miles east of Glasgow	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles east of Glasgow		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) BERNARD GEORGE KORTE			4. DATE OF DEATH Oct. 21, 1953		
b. (First)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH April 3, 1899	9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months Days	11. UNDER 1 MRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Salisbury Missouri U.S.A.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Barney Korte	13b. MOTHER'S MAIDEN NAME Gertrude Snider	14. NAME OF HUSBAND OR WIFE Florence Brand Korte
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, and how) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernard Korte	18. ADDRESS Glasgow, Mo.
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 20 min
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension (Essential)		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 331X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-21, 1953**, to **10-21, 1953**, that I last saw the deceased alive on **10-21, 1953**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Glasgow, Mo.	23c. DATE SIGNED 10-23-53
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Washington	24d. LOCATION (City, town, or county) (State) Glasgow, Mo.
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DATE REC'D BY LOCAL REG. Oct. 24, 1953	REGISTRAR'S SIGNATURE Walker Cuddeley	410 FUNERAL DIRECTOR'S SIGNATURE Cuddeley-Frimoth	ADDRESS Glasgow, Mo.
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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

Signature *Ed J. Fremont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.