

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) near Festus, Mo.		c. LENGTH OF STAY (in this place) 3 WKS	c. CITY OR TOWN Seckman
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nurs. Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 0500		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) Bertha Kohler			4. DATE OF DEATH (Month) (Day) (Year) May 6, 1954		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAR. 15 1877	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) BREEZY HEIGHTS MO		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME VALENTINE RIESER		13b. MOTHER'S MAIDEN NAME MARY BURKART		14. NAME OF HUSBAND/OR WIFE Anton Kohler	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Anton Kohler, Imperial, Mo.		ADDRESS	
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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, asthma, 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 2 Wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis				Several/Yes	
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						331 X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		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 **April 18, 1954**, to **May 6, 1954**, that I last saw the deceased alive on **May 6, 1954**, and that death occurred at **10:00 a.m.**; from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS 112 MISSISSIPPI CRYSTAL CITY MISSOURI		23c. DATE SIGNED MAY 7, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Antonia Cemetery		24d. LOCATION (City, town, or county) (State) Antonia, Mo.	
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DATE REC'D BY LOCAL REG. 5/8/54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Heiligtag Funeral Home, Imperial, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 11 1954

DEC 6
1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer A. Hagstey*

Licensed Embalmer No. *3*

P. O. Address *Empire*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.