No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36980

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 4

0362 0

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON, Mo
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BERGER, MO
d. STREET ADDRESS (If rural, give location): -------

0360 0

3. NAME OF DECEASED (Type or Print)
a. (First): REGINA
b. (Middle): BERTHA
c. (Last): GARBS

4. DATE OF DEATH (Month) (Day) (Year): 11-15- 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-30-1878
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 0, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Berger, RFD Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Ignatz Speckhals
13b. MOTHER'S MAIDEN NAME: Mary Meyer
14. NAME OF HUSBAND OR WIFE: William Garbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William Garbs — ADDRESS: Berger, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X F
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/9/54, 19___, *to* 11/15/54, 19___, *that I last saw the deceased alive on* 11-15, 19 54, *and that death occurred at* 12:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Washington
23c. DATE SIGNED: 11/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-54
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
24d. LOCATION (City, town, or county): Berger (State) Mo

DATE REC'D BY LOCAL REG.: 11/17/54
REGISTRAR'S SIGNATURE: L. C. Heidmann by L. C. Heidmann Jr. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Paul H. Blumer — ADDRESS: Berger Mo

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.