

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41547

State File No.

FILED JAN 17 1955

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOS</u>			
b. CITY OR TOWN <u>EDINA</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>EDINA</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				e. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>AGATHA</u>		b. (Middle) <u>M</u>		c. (Last) <u>BERBERET</u>	
4. DATE OF DEATH		(Month) <u>DEC.</u> (Day) <u>25</u> (Year) <u>1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 18. 1855</u>		9. AGE (In years last birthday) <u>99</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOHET. ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>NICHOLAS MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E STEFFEN</u>		14. NAME OF HUSBAND OR WIFE <u>ENDOS BERBERET</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>V</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEO B. KELLY</u>		ADDRESS <u>EDINA MO</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>Conjunctive Circulatory failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> 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>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>443 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>7-15</u> , 19 <u>50</u> , to <u>12-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>54</u> , and that death occurred at <u>11:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Deeuelino</u>		(Degree or title)		23b. ADDRESS <u>Edina Mo</u>		23c. DATE SIGNED <u>1-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD CATHOLIC</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 15-55</u>		REGISTRAR'S SIGNATURE <u>Nelle S. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leo B. Kelly</u>		ADDRESS <u>Edina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Geo Blasley Jr*.....

Licensed Embalmer No. *375*.....

P. O. Address *Hurdle*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.