

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

4191

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                              |  |                                                                                                                                          |  |                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | REG. DIST. NO. <u>61</u>                                                                                     |  | PRIMARY REG. DIST. NO. <u>4107</u>                                                                                                       |  | Registrar's No. .... <u>7</u>                                                                                                     |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> |  |                                                                                                                                   |  |
| b. CITY OR TOWN <u>El Dorado Spgs.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | c. LENGTH OF STAY (in this place) .....                                                                      |  | c. CITY OR TOWN <u>El Dorado Spgs.</u>                                                                                                   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                              |  | e. STREET ADDRESS (If rural, give location) <u>107 N. High St.</u>                                                                       |  |                                                                                                                                   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Berbow</u> c. (Last) <u>Berbow</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                              |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-55</u>                                                                                     |  |                                                                                                                                   |  |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 6. COLOR OR RACE <u>White</u>                                                                                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                                                                    |  | 8. DATE OF BIRTH <u>2-28-1867</u>                                                                                                 |  |
| 9. AGE (in years last birthday) <u>87</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>                                                                                        |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>                                                                |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 13a. FATHER'S NAME <u>Robert Hays</u>                                                                        |  | 13b. MOTHER'S MAIDEN NAME <u>Martha Herring</u>                                                                                          |  | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>                                                                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 16. SOCIAL SECURITY NO. <u>None</u>                                                                          |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Barber - El Dorado Spgs.</u> ADDRESS .....                                                  |  |                                                                                                                                   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized Arteriosclerosis</u><br>DUE TO (c) ..... |  |                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH .....                                                                                                   |  |                                                                                                                                   |  |
| 19a. DATE OF OPERATION .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                              |  | 19b. MAJOR FINDINGS OF OPERATION .....                                                                                                   |  |                                                                                                                                   |  |
| 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>332X</u>                                                                              |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 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 <u>Sept 1</u> , 19 <u>54</u> , to <u>Feb. 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 12</u> , 19 <u>55</u> , and that death occurred at <u>12:15 P</u> m., from the causes and on the date stated above.                                                                                                                                                                                                                                |  |                                                                                                              |  |                                                                                                                                          |  |                                                                                                                                   |  |
| 23a. SIGNATURE (Degree or title) <u>Robert L. Mager M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                              |  | 23b. ADDRESS <u>El Dorado Springs, Mo.</u>                                                                                               |  | 23c. DATE SIGNED <u>Feb 15, 1955</u>                                                                                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 24b. DATE <u>2-15-55</u>                                                                                     |  | 24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs.</u>                                                                                |  | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u>                                                          |  |
| DATE REC'D BY LOCAL REG. <u>2-17-55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <u>George W. Mager</u>                                                                 |  | 25. FLORAL DIRECTOR'S SIGNATURE <u>Georgia Barber - El Dorado Spgs. Mo.</u> ADDRESS .....                                                |  |                                                                                                                                   |  |

(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*Max W. Dickering*.....

Licensed Embalmer No.....*46*.....

P. O. Address.....*Q. D. D. D.*.....

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.