

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER: 17204

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY OSAGE 0760			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE 0760		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRAWFORD TWP 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LINN, R D # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in 1b 80 yrs	d. STREET ADDRESS (If outside, give location) CRAWFORD TWP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK BERHORST			4. DATE OF DEATH Month Day Year May 17 - 1956		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 11, 1870 - 85	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min. 8 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Stock Raiser - Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rich Fountain, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Phillip Berhorst			14. MOTHER'S MAIDEN NAME Wilhelmenia Becker		
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. -----	17. INFORMANT Address Mrs Josie Klebba Linn Mo R.D.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					2 yrs.
DUE TO (c) Chronic Myocardial Degeneration					2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 6-29-54 to 5-17-56 and last saw him alive on 4-24-56 Death occurred at 7:30a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Panels Brown, M.D. (Degree or title)			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 5-18-56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 19-1956	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart	23d. LOCATION (City, town, or county) (State) Richfountain Mo		
24. FUNERAL DIRECTOR ADDRESS Clyde Morton Linn Mo		25. DATE RECD. BY LOCAL REG. May 19-1956	26. REGISTRAR'S SIGNATURE T. Owensville		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a cause of death unless a medical certificate is filed in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1956

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 *Vernon M. Moore*.....

Licensed Embalmer No. *4*.....

P. O. Address *Lin*.....

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.