

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH23327  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Roark</u> c. LENGTH OF STAY (in this place) <u>1 year</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Frene Valley Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Berger</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles East of Berger</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>-----</u> c. (Last) <u>Berlemann</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>22</u> (Year) <u>56</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>10-26-1868</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Winistoerfer</u>		13b. MOTHER'S MAIDEN NAME <u>Fredericka Shurmann</u>		14. NAME OF HUSBAND OR WIFE <u>William Berlemann</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 ADDRESS <u>Walter Berlemann, Berger RED 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4300	
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. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		22. I hereby certify that I attended the deceased from <u>July 9, 1955</u> , to <u>July 22, 1956</u> , that I last saw the deceased alive on <u>July 21, 1956</u> , and that death occurred at <u>8:35 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George M. Workman MD</u>		23b. ADDRESS <u>HERMANN, MO</u>		23c. DATE SIGNED <u>7-22-1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-25-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Etlah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berger Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-25-1956</u>		REGISTRAR'S SIGNATURE <u>Delma Gerpen</u>		25. FORENSIC DIRECTOR'S SIGNATURE <u>Faust Blumer</u>		ADDRESS <u>Berger Mo</u>	

(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.....

Licensed Embalmer No. 255

P. O. Address Herman

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.