

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

603

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 5251 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MENDON TP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MENDON RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb 40 YRS		d. STREET ADDRESS		(If outside, give location) 0210 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BERTHA First Middle Last ARP				4. DATE OF DEATH Month 1 Day 1 Year 1957			
5. SEX FEMALE		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 12-9-1875	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and state or country) CHARITON Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME TERGEN TIETJENS				14. MOTHER'S MAIDEN NAME CATHERINE TIETJENS			
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. 500-20-1867		17. INFORMANT Address WALTER ARP MENDON MO			
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 Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Diabetes mellitus (+ senility) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260X						INTERVAL BETWEEN ONSET AND DEATH 2 days 15 yrs 6 yrs	
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 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		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 4/17/50 to 1/1/57 and last saw her her alive on 1/1/57 Death occurred at 11:10 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. H. Stuart M.D.				22b. ADDRESS Brunswick, Mo		22c. DATE SIGNED 1/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-4-1957		23c. NAME OF CEMETERY OR CREMATORY GERMAN CEM. CHARITON Co. MO		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS L. W. Heisel Brunswick Mo		25. DATE RECD. BY LOCAL REG. 1-5-57		26. REGISTRAR'S SIGNATURE Mildred Boone			

(Licensed Embalmer's Statement on Reverse Side)

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 *L. W. McNeal*

Licensed Embalmer No. 82

P. O. Address *Brunswick*

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.