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 Use only black ink or ribbon typewrite if possible.
 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7271
 STATE FILE NUMBER

Registration District No. 956 Primary Registration District No. 6209 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PINEY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>1090</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10MI W. HOUSTON</u>		Length of stay in 1b <u>55 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>10MI W. HOUSTON</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>A.</u> Last <u>GOLDSBERRY</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 20. 1872</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>10</u> Days _____ Hours _____ Min. _____	
10a. 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	11. BIRTHPLACE (City and state or country) <u>STETIN, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>DUSART SIEG</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOW</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CLARENCE GOLDSBERRY Bucyrus, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident (Severe)</u> DUE TO (b) <u>Hypertensive arteriosclerotic degenerative</u> DUE TO (c) <u>decompensated heart disease grade IV</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cardiovascular Renal disease & Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
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.) <u>S</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 <u>Jan. 14/1949</u> to <u>Feb. 20/1957</u> and last saw her <u>alive</u> on <u>Feb. 20 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. J. Durso, MD</u> (Degree or title)			22b. ADDRESS <u>Houston, Mo.</u>		22c. DATE SIGNED <u>2/22/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GERMAN</u>		23d. LOCATION (City, town, or county) (State) <u>TEXAS Co MO</u>
24. FUNERAL DIRECTOR <u>ELLIOTT FUNERAL HOME HOUSTON</u>		25. DATE RECD. BY LOCAL REG. <u>2-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	

(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 *Frank E. Hood*.....

Licensed Embalmer No. *40*.....

P. O. Address *Houston*.....

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.