

FILED APR 29 1957

STANDARD CERTIFICATE OF DEATH

State File No.

10970

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Charrette		c. LENGTH OF STAY (in this place) 82 years	c. CITY OR TOWN Rural-Charrette
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. E. Dutzow, Mo.		f. STREET ADDRESS (If rural, give location) 1 Mile N. E. Dutzow, Mo.	
3. NAME OF DECEASED (Type or Print) Frank Berg		a. (First) Frank	b. (Middle) Berg
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Grain Farms	8. DATE OF BIRTH November 16, 1874
13a. FATHER'S NAME Henry Berg		13b. MOTHER'S MAIDEN NAME Alvina Dickmann	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gottlieb Berg, Dutzow, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chor Myocardite ANTECEDENT CAUSES Bronchial Pneumonia 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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</u> 19 <u>56</u> to <u>4/21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/20</u> 19 <u>57</u> , and that death occurred at <u>6 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H E Johnson M.D.		23b. ADDRESS Marthasville mo	23c. DATE SIGNED 4/23/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-57	24c. NAME OF CEMETERY OR CREMATORY Dutzow E. & R. Cemetery Dutzow, Missouri
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Almond Dutzow Marthasville, Mo.	
DATE REC'D BY LOCAL REG. 4/23/57		REGISTRAR'S SIGNATURE H E Johnson	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Richard J. Lichtenberg*.....

Licensed Embalmer No....4318.....

P. O. Address...Marthasville, N.

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.