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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2020  
 STATE FILE NUMBER

FILED JUL 5 1957

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ash Hill</b>		Inside Limits <input checked="" type="checkbox"/> Outside Limits <input type="checkbox"/> <b>Peppan Bluff</b>		c. CITY OR TOWN <b>Rural</b>		0120 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hosp,</b>			Length of stay in 1b <b>1 Da</b>		d. STREET ADDRESS <b>1 Mi West of Broseley</b>			
3. NAME OF DECEASED (Type or print) First <b>Berdie</b> Middle <b>Albinia</b> Last <b>Cato</b>				4. DATE OF DEATH <b>6-19-57</b> Month <b>6</b> Day <b>19</b> Year <b>57</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-5-1889</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (City and state or country) <b>Malden- Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Sterling Alexander</b>				14. MOTHER'S MAIDEN NAME <b>LOUISA Winder</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT <b>Ida Batten - Broseley, Mo.</b> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>						3 years		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		
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.) <b>4200</b>					
20c. TIME OF INJURY Hour _____ 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>6-18-57</u> to <u>6-19-57</u> and last saw her/him alive on <u>6-19-57</u> . Death occurred at <u>12:05 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Robert Engelhard</b>				22b. ADDRESS <b>Peppan Bluff Mo</b>		22c. DATE SIGNED <b>6/27/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/21/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Co. Mo.</b>			
24. FUNERAL DIRECTOR <b>J.C. White</b>			ADDRESS <b>Fisk, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/24/57</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

RECEIVED

JUL 1 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Raymond I. Duff*

Licensed Embalmer No. *47*

P. O. Address *Berlin*

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.