

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35368

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 110 Primary Registration District No. 4-192 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-BOEUF			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Berger RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her residence			Length of stay in 1b 80 Years	d. STREET ADDRESS (If outside, give location) 5 Mi South of Berger			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SOPHIA Middle JOHANNA Last MARY KAHLE				4. DATE OF DEATH Month 11 Day 4 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 11-17-1877		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month 11 Day 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Damme				14. MOTHER'S MAIDEN NAME Charlotte Schacht			
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Miss Faye Reeg Berger, Mo. RFD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the pancreas						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/>	
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 _____ Month _____ Day _____ Year _____ 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>10/27/57</u> to <u>11/4/57</u> and last saw her/him alive on <u>11/2/57</u> . Death occurred at <u>6:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.				22b. ADDRESS New Haven, Mo.		22c. DATE SIGNED 11/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-7-1957	23c. NAME OF CEMETERY OR CREMATORY Bethany E&R Cem.		23d. LOCATION (City, town, or county) (State) Berger RFD Mo		
24. FUNERAL DIRECTOR Fayett Blumer			ADDRESS Berger Mo	25. DATE RECD. BY LOCAL REG. Nov. 6 - 1957		26. REGISTRAR'S SIGNATURE Nettie Murphy	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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APR 22 1958

NOV 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by

Student Embalmer No.

working under my personal supervision. . .

Student

Signature of Student Embalmer

Signed

Hugo H. Lerner

Licensed Embalmer No. 310

P. O. Address

Veruca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.