

Health, Welfare Public Service

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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

FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006753
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Pike Co. Hospital</u>		d. STREET ADDRESS <u>720 N. Seventh</u>	

3. NAME OF DECEASED (Type or print) <u>Bertha Ellen Mower</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Month <u>—</u> Day <u>—</u> Hour <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	11. BIRTHPLACE (City and state or country) <u>Ethel, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>David Groce</u>			14. MOTHER'S MAIDEN NAME <u>Martha Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-44-0162</u>	17. INFORMANT <u>Frank Mower</u> Address <u>Louisiana, 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</u>		INTERVAL BETWEEN ONSET AND DEATH
DUPLICATE (b) <u>Hypertensive cardio-vascular disease</u>		
DUPLICATE (c) <u>with heart failure and complete heart block</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>		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.) <u>-----</u>	
20c. TIME OF INJURY Hour <u>-----</u> a. m. <u>-----</u> p. m. <u>-----</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>-----</u>	COUNTY <u>-----</u> STATE <u>-----</u>

21. I attended the deceased from 2/2/58, to 2/4/58 and last saw her alive on 2/3/58
Death occurred at 1:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. H. Jeweller M.D.</u>	22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>2/4/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 6-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri.</u>
24. FUNERAL DIRECTOR <u>Wagner-Butler</u> ADDRESS <u>Louisiana, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 11, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

JAN 9 1963

L.S.D.

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 *George O. Hagner*

Licensed Embalmer No. *37*

P. O. Address *Louisiana*

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.