Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036022
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1057

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield MO. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Polk
c. CITY OR TOWN Humansville Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rt. #3 Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Theresa Middle Lois Last Bertram

4. DATE OF DEATH Month Nov. Day 2, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 31, 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Rt. 3, Humansville MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Bertram
13b. MOTHER'S MAIDEN NAME Vivian Thacker
14. NAME OF HUSBAND OR WIFE 6

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Francis Bertram Address Rt. 3, Humansville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhagic disease of Newborn — 1 day
DUE TO (c) 7710
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple subcutaneous hemorrhage
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov. 1, to Nov. 2 and last saw her/him alive on Nov. 2, 1958
Death occurred at 1150 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Busiel M.D.
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 11/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery
23d. LOCATION (City, town, or county) (State) Humansville, Mo.

24. FUNERAL DIRECTOR Beckwith Funeral Home ADDRESS Humansville Mo
25. DATE RECD. BY LOCAL REG. 11-3-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Not Embalmed

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.