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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043082
STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 36Y Primary Registration District No. 4531 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: WARREN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): WARRENTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): KATIE JANE — Length of stay in Ib: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: FRANKLIN
c. CITY OR TOWN: UNION 0361 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 109 Lincoln — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First DENA Middle LIZETTA Last BERNER
4. DATE OF DEATH: Month NOV. Day 24 Year 1958
5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: SEPT. 9 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 2 Days 13 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WORK
11. BIRTHPLACE (City and state or country): UNION, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: RUDOLPH KREGE
13b. MOTHER'S MAIDEN NAME: MARY HOLMANN
14. NAME OF HUSBAND OR WIFE:
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.: NONE
17. INFORMANT: MRS ALVIN ROTH Address: UNION, MISSOURI

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia Bilateral Hypostatic. — INTERVAL BETWEEN ONSET AND DEATH: nil
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease & Congestive failure
DUE TO (c) Senile Atrophy — Senility.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 22, to Nov 24 and last saw her/him alive on Nov 23 1958
Death occurred at 11:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Warrenton Mo
22c. DATE SIGNED: 11-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/27/58
23c. NAME OF CEMETERY OR CREMATORY: ST JOHN'S MANTELS
23d. LOCATION (City, town, or county) (State): UNION, FRANKLIN MO.

24. FUNERAL DIRECTOR: E. F. OLTMANN ADDRESS: UNION, MISSOURI
25. DATE RECD. BY LOCAL REG.: Nov. 25. 1958
26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.