

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004924

FILED VS FEB 29 1960 /

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 46

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>		c. CITY OR TOWN <u>Edina</u>	
Length of stay in 1b <u>13</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Harriett</u>		Middle <u>Louise</u>		Last <u>Berberet</u>		Month <u>February</u> Day <u>12</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-81</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
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>Henry Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Ocoboc</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Dopha</u>			14. NAME OF HUSBAND OR WIFE <u>Mora William Berberet</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>480-05-9678</u>		17. INFORMANT <u>Hospital Records-</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Leukemia</u>						<u>3 yrs.</u>	
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) _____						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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>1.31.60</u> to <u>2.12.60</u> and last saw her alive on <u>2.12.60</u> Death occurred at <u>1:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Milton T. Engler M.D.</u>				22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>2.14.60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 15 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser Bros. Edina, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-26-1960</u>		26. REGISTRAR'S SIGNATURE <u>Dana W. Raliff</u>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MILTON T. ENGLISH, M.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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, Minn.

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.