

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012458

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 48

AMENDED

1. PLACE OF DEATH **MAY 10 1961**

a. COUNTY **Atchison**

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Fairfax** Length of stay in **1 1/2 hr**

c. CITY OR TOWN **Tarkio** Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **BERTHA FRANCES HIRSCH**

4. DATE OF DEATH Month Day Year **April 2, 1961**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **1/26/1880** 9. AGE (last birthday) **81** IF UNDER 1 YEAR Months **2** Days **8** IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **at home**

10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and state or country) **Peoria, Illinois, U.S**

12. CITIZEN OF WHAT COUNTRY **U.S**

13a. FATHER'S NAME **Silas Honping** 13b. MOTHER'S MAIDEN NAME **Abbie Janas** 14. NAME OF HUSBAND OR WIFE **George Hirsch**

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 Address **Mrs. Beldon Noble Tarkio, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Broncho pneumonia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebro vascular accident, atherosclerosis**

DUE TO (c) **sclerotic cardio-vascular disease**

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.  Yes  No  Unknown

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 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 **5/14/53** to **4/2/61** and last saw **her** alive on **4/2/61**. Death occurred at **5:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Tarkio, Mo.** 22c. DATE SIGNED **4/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **4/5/61** 23c. NAME OF CEMETERY OR CREMATORY **Grange Hall cemetery** 23d. LOCATION (City, town, or county) (State) **Rock Port, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Davis Funeral Home Tarkio, Mo.** 25. DATE RECD. BY LOCAL REG. **May 4, 1961** 26. REGISTRAR'S SIGNATURE **Thermin J. Schaefer**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.