

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012471

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 89

STATE FILE NUMBER

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY **Audrain**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Mexico** Length of stay in 1b **10 days**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Audrain County Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Montgomery**
c. CITY OR TOWN **Montgomery City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED
First **Roy** Middle **Marmaduke** Last **Berger** 4. DATE OF DEATH **May 2, 1961**
Month **May** Day **2** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **1-31-1886** 9. AGE (last birthday) **75**
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) **Farmer (retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (City and state or country) **Middletown, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Samuel Berger** 13b. MOTHER'S MAIDEN NAME **Effie Keele** 14. NAME OF HUSBAND OR WIFE **Mayme Berger**

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. Mayme Berger** Address **Montgomery City, 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) **Cerebral Thrombosis Artery** INTERVAL BETWEEN ONSET AND DEATH **10 days**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. 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 _____ a.m. p.m.

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 **April 21, 1961** to **May 3, 1961** and last saw him alive on **May 1, 1961**
Death occurred at **9:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.D.** 22b. ADDRESS **Mexico, Mo** 22c. DATE SIGNED **May 4, 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 4, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Montgomery City Cemetery** 23d. LOCATION (City, town, or county) **Montgomery City, Missouri**

24. FUNERAL DIRECTOR **Schlanker Funeral Home** ADDRESS **Montgomery City Missouri** 25. DATE RECD. BY LOCAL REG. **May 4-1961** 26. REGISTRAR'S SIGNATURE **Blanche Reedy**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 11 1961

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 E. Boone Schla

Licensed Embalmer No. 4136

P. O. Address Montgomery

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.