

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007229

STATE FILE NUMBER

AMENDED

Registration District No. 210 Primary Registration District No. _____Registrar's No. 14

FILED MAR 6 1962

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton.</u>		Length of stay in 1b <u>1 month</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>BERLIN</u> Last <u>BERLIN</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>28,</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>10/29/1893</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>	
IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>city clerk</u>		11. BIRTHPLACE (City and state or country) <u>Princeton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Frank Berlin</u>	
13b. MOTHER'S MAIDEN NAME <u>Elvira Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gerald Martin - Princeton, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-36-5899</u>	
17. INFORMANT <u>Mrs. Gerald Martin - Princeton, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial insufficiency</u> DUE TO (b) <u>Chronic congestive heart failure</u> DUE TO (c) <u>Generalized arterio sclerosis & hyper-tension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Influenzal pneumonia</u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>3 years</u> <u>-5 years</u>	
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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	
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.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u>Princeton, Missouri</u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>December 1959</u> to <u>February 27, 1962</u> and last saw him alive on <u>February 27, 1962</u> Death occurred at <u>February 28, 1962</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank H. Zeller</u> (Degree or title)		22b. ADDRESS <u>Princeton, Missouri</u>	
22c. DATE SIGNED <u>3/1/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3/2/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Princeton, Missouri</u>	
23d. LOCATION (City, town, or county) <u>Princeton, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Martin & Azbell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-62</u>	
26. REGISTRAR'S SIGNATURE <u>Paul M. M...</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.



MAR 7 1962

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 *Lyman Dyball*

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.