

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1962 116

-62-034277

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3020 Registrar's No. 198

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10365

20370

3

4 1

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7 0

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9 170X

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12 2-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in lb 9 days		c. CITY OR TOWN Owensville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 401 E. Franklin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Bertha Minnie Cordes				4. DATE OF DEATH Month Day Year September 20, 1962									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-7-1878		9. AGE (last birthday) 84		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) housework				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Byron, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Carl Ritterbusch				13b. MOTHER'S MAIDEN NAME Henrietta Brandt				14. NAME OF HUSBAND OR WIFE Francis Henry Cordes					
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. George Brockman - Owensville, 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) <i>Cerebral Hemorrhage</i> <i>Generalized Metastasis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>			
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 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 <i>7-30-62</i> to <i>9-20-62</i> and last saw her alive on <i>9-20-62</i> Death occurred at <i>2:20 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Charles Schmidt</i>				22b. ADDRESS <i>Gould St</i>		22c. DATE SIGNED <i>9-21-62</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-22-1962		23c. NAME OF CEMETERY OR CREMATORY Bland Union Cemetery				23d. LOCATION (City, town, or county) Bland, Mo.					
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home				25. DATE RECD. BY LOCAL REG. 9/22/62		26. REGISTRAR'S SIGNATURE <i>Lula C. Tidmann</i>							
Owensville, Mo.				(Licensed Embalmer's Statement on Reverse Side)									

USE BLACK INK OR TYPEWRITER RIBBON

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 Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Michael H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.