

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40928

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>275</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, write RURAL and give township) Windsor		a. STATE Missouri		b. COUNTY Henry	
c. LENGTH OF STAY (In this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) Windsor		d. STREET ADDRESS (If rural, give location) 110 S. Tebo		D ₀	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 S. Tebo				d. STREET ADDRESS (If rural, give location) 110 S. Tebo			
3. NAME OF DECEASED (Type or Print)		a. (First) Margaret		b. (Middle) Bertrow		c. (Last) Bertrow	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 27, 1874		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 6 Days 10		IF UNDER 4 HRS. Hours 10 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 (State or foreign country) To Law, England		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME William Peel		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Edward Bertrow			
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'S SIGNATURE OR NAME William Johnson, Windsor, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES				9	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-7</u> , 19 <u>49</u> to <u>12-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>49</u> , and that death occurred at <u>9:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Ray B Jordan				23b. ADDRESS Windsor		23c. DATE SIGNED 12-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-9-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
DATE REC'D BY LOCAL REG Dec-9-49		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner			
				ADDRESS Windsor, Mo			

APR 11 1950

RECEIVED
District Health Officer No. 7
District File Number 11-49-1504
Date Filed 12-27-49

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 _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.