

FILED JAN 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **40616**

Trudlich 53 2

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>8631</u>		Registrar's No. <u>162</u>					
1. PLACE OF DEATH a. COUNTY <u>Wacdoe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wacdoe 52</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage T.S.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage T.S.</u>		d. STREET ADDRESS (If rural, give location) <u>OAKLAND RT I</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OAKLAND RT I</u>				d. STREET ADDRESS (If rural, give location) <u>OAKLAND RT I</u>							
3. NAME OF DECEASED (Type or Print) <u>ISABELLE</u>			a. (First)		b. (Middle)		c. (Last) <u>Berger</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 1948</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 6 1867</u>			
9. AGE (in years last birthday) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Round Co Miss. / 99</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>D. D. Bacon</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kemp</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. Berger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. S. F. Breakfield</u>				ADDRESS <u>Butler Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> <u>108</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral vascular accident, Ad.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
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) (Min.)		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>12/23</u> , 19 <u>48</u> , to _____, 19____, that I last saw the deceased alive on <u>12/23</u> , 19 <u>48</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Carl Koelich, M.D.</u> (Degree of title)				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12/27/48</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/27/48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>					
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Lynch</u>		414 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Lebanon Mo</u>		ADDRESS			

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.....

Emmett E. Emmett

Student Embalmer No. *246*

working under my personal supervision.

Student *Margaret Ruth Allen - 295*
Student Embalmer

Signed

Richard L. Palmer

Licensed Embalmer No. *4595*

P. O. Address.....

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.