

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22659

FILED JUL 19 1951

S. No. 300  
v. 10.48

0360

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

BIRTH NO.		REG. DIST. NO. 110		PRIMARY REG. DIST. NO. 1-425		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERGER RURAL		c. LENGTH OF STAY (in this place) 44		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERGER MO. RURAL		d. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print) a. (First) MABEL b. (Middle) MAY c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) 7 13-51				
5. SEX 1 FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-21-1887	
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months 6 Days 22		11. BIRTHPLACE (State or foreign country) CAMPBELLTON MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) CAMPBELLTON MO.	
13a. FATHER'S NAME FERDINAND BERG			13b. MOTHER'S MAIDEN NAME AGOSTA VICK			14. NAME OF HUSBAND OR WIFE THOMAS SMITH	
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 ADDRESS Mrs. H. M. Fleischete			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Carcinoma of Right Breast 2 1/2 years Morbidity 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. 170X					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
19a. DATE OF OPERATION about 4/10/1950		19b. MAJOR FINDINGS OF OPERATION Carcinoma right breast with lymph gland involvement					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (in or about home, farm, factory, street, (give bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6/13/1951 to 7/13/1951, that I last saw the deceased alive on 7/12/1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M. D. (Degree or title)				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 7/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/15/51		24c. NAME OF CEMETERY OR CREMATORY NORTHMANN CEM.		24d. LOCATION (City, town, or county) (State) NEW HAVEN MO	
DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE Jeffie Zimmerman 43		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. C. Shelby & Son New Haven Mo			

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL 17 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

JUL 15 1951

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 Carl E. Festig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.