

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1951

34

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5108</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Benton</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williams Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Benton</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williams Township</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles East of Cole Camp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles East of Cole Camp</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles East of Cole Camp</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Bertha</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Rambow</u>		DATE (Month) (Day) (Year) <u>Dec 2nd 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 17th 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. 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 <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Henry Hesse</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Strickler</u>	
13a. FATHER'S NAME <u>Henry Hesse</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Strickler</u>		14. NAME OF HUSBAND OR WIFE <u>John Rambow</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ella Bahrenberg Cole Camp Mo</u>			
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) <u>Cerebral Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Essential Hypertension</u>				III. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Essential Hypertension</u>				DUE TO (c)	
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)	
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)	
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>8-4</u> , 1951, to <u>12-2</u> , 1951, that I last saw the deceased alive on <u>11-26</u> , 1951, and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. W. Ireland</u> (Degree or title) <u>V</u>				23b. ADDRESS <u>Cole Camp, Mo.</u>		23c. DATE SIGNED <u>12-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4, 1951</u>		REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u> 394		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eichhoff</u>		ADDRESS <u>Cole Camp, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.