

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4235

MAR 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Bosworth MO</u> b. COUNTY <u>CARROLL</u>	
b. CITY OR TOWN <u>Bosworth MO</u>		c. CITY OR TOWN <u>Bosworth</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thuth</u>	b. (Middle) <u>KATHERN</u>	c. (Last) <u>BERRIE R</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb 28-1952</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>APRIL 5-1871</u>	9. AGE (In years last birthday) <u>80.</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLARKBURG MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rev. Ralph Scott</u>	13b. MOTHER'S MAIDEN NAME <u>MARGRET EGKELS</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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 <u>Ruby Calvert</u>	ADDRESS <u>Bosworth MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia of aged</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis Agetans</u>		
	DUE TO (c) <u>Age</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>350X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 23, 1952 to Feb 27, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Brown M.D.</u> (Degree or title)	23b. ADDRESS <u>Bosworth Mo</u>	23c. DATE SIGNED <u>Feb 28/52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial 0</u>	24b. DATE <u>3-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BIG CREEK</u>	24d. LOCATION (City, town, or county) (State) <u>Bosworth MO</u>
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DATE REC'D BY LOCAL REG. <u>3-1-1952</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch 47-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland E. Edwards</u>	ADDRESS <u>Bosworth MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Boworth 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.