

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40243**  
Registrar's No. **10934**

DEC 12 1952

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BIRTH MO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.																				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission.) a. STATE				b. COUNTY																		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)																				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)																						
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)														
5. SEX			6. COLOR OR RACE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. IF UNDER 1 YEAR Months			11. IF UNDER 24 HRS. Days			12. IF UNDER 1 MIN. Hours			13. IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country)				12. CITIZEN OF WHAT COUNTRY?														
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE																		
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				ADDRESS														
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH														
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)								5 mo.														
				ANTECEDENT CAUSES																						
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p> <p>DUE TO (c)</p>																						
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>Nov 26, 1947</u> , to <u>Nov 26, 1952</u> , that I last saw the deceased alive on <u>Nov 26, 1952</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.																										
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED																		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)																		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS																

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

NOV 28 1952

Charles Smith

Berger Memorial 4715 McPherson Ave.

**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 *Paul D. Rudberg*

Licensed Embalmer No. 4229

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.