

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5081

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>79 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>538 S Hanover</u>		0164								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Cape Girardeau, Mo.</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Stein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1953</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 18 - 1873</u>	9. AGE (In years last birthday) <u>79</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 HR.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td><u>2</u></td> <td><u>2</u></td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 HR.	Months	Days	<u>2</u>	<u>2</u>	Hours	Min.
# UNDER 1 YEAR	# UNDER 1 HR.												
Months	Days												
<u>2</u>	<u>2</u>												
Hours	Min.												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>								
13a. FATHER'S NAME <u>Charley Bode</u>		13b. MOTHER'S MAIDEN NAME <u>Maska (Mary)</u>	14. NAME OF HUSBAND OR WIFE <u>Fredrick (Deceased)</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Stein</u>		ADDRESS <u>Cape Girardeau, Mo.</u>									
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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> 2yrs + DUE TO (c) <u>Diabetes Mellitus</u> 2yrs + <u>Chronic pyelonephritis</u> 2yrs +</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u></p> <p><u>2yrs +</u></p> <p><u>2yrs +</u></p>								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>			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) (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 <u>August 1951</u> , to <u>20 Feb 1953</u> , that I last saw the deceased alive on <u>20 Feb 1953</u> , and that death occurred at <u>14:40 m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Type or Print) <u>M. Schaefer</u>		23b. ADDRESS <u>Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>23 Feb 53</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimier</u>	24d. LOCATION (City/town, or county) (State) <u>Cape Girardeau Mo.</u>										
DATE REC'D BY LOCAL REG. <u>2-23-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Joe H. Howell</u>	ADDRESS <u>Cape</u>										

(Licensed Embalmer's Statement on Reverse Side)

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

**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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.