

S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39709

State File No. \_\_\_\_\_

LED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>399</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hannibal</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Riverview Rest. Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY OR TOWN <u>Hannibal</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1220 N Central</u>				
3. NAME OF DECEASED a. (First) <u>Abbie</u> b. (Middle) <u>Hudson</u> c. (Last) <u>Berghofer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 2 1876</u>		9. AGE (in years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Zachariah Cosby</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lou Dozier</u>		14. NAME OF HUSBAND OR WIFE <u>Albert A. Berghofer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Dixon Hannibal</u> ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>		
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) <u>334 X</u>				
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? <u>11-16-53</u>				
22. I hereby certify that I attended the deceased from <u>8:00</u> , 19 <u>53</u> to <u>11-16-53</u> , that I last saw the deceased alive on <u>11-6</u> , 19 <u>53</u> and that death occurred at <u>12:15 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>11-17-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-19-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hannibal, Mo.</u>		

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

NOV 23 1953

RECEIVED

MARION CO. HEALTH DEPT.

NOV 23 1953  
DATE FILED

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.....  
Signature of Student Embalmer

Signed *John S. Ward*

Licensed Embalmer No.....4540

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.