

S. No. 300  
v. 10.48

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39845

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN BELLE R.F.D.)		c. CITY OR TOWN BELLE	
c. LENGTH OF STAY (in this place) 52 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home Belle Mo.		e. STREET ADDRESS (If rural, give location) R.F.D. Jefferson Tap	

3. NAME OF DECEASED (Type or Print) MARY KATY BERHORST			4. DATE OF DEATH (Month) (Day) (Year) NOV. 27-1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 24 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Linn, Mo R.F.D.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Lehman	13b. MOTHER'S MAIDEN NAME Agnes Mengwasser	14. NAME OF HUSBAND OR WIFE Frank Berhorst
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Sanders, St Louis Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instantly
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30p, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Blyde Norton</i> Coroner	23b. ADDRESS Linn Mo	23c. DATE SIGNED 11/30/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/2/53	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Rich Fountain Mo
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DATE REC'D BY LOCAL REG. DEC 1-1953	REGISTRAR'S SIGNATURE <i>Carroll</i> 235	25. FUNERAL DIRECTOR'S SIGNATURE <i>Blyde Norton</i> ADDRESS Linn Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0760

APR 6 1954  
JUN 3 1954  
1954

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..... *Vernon M. Maston*

Licensed Embalmer No. *4125*

P. O. Address *Leim M.*

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.