

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20978**

FILED AUG 4 - 1955

BIRTH NO. **41662-55** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **191**

1. PLACE OF DEATH a. COUNTY <b>Ludrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico 0</b>		c. CITY OR TOWN <b>Martinsburg</b>	
c. LENGTH OF STAY (In this place)		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 <b>Ludrain Co Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>Fritch</b>	c. (Last) <b>Bertels</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>July 18-1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 4 HRS. Mins.
		<b>0</b>	<b>July 18-1955</b>				<b>45</b>

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
<b>None</b>	<b>None</b>	<b>Mexico Missouri</b>	<b>USA</b>

13a. FATHER'S NAME <b>Joseph Richard Bertels</b>	13b. MOTHER'S MAIDEN NAME <b>Monica Ann Fritch</b>	14. NAME OF HUSBAND OR WIFE
		<b>J. Richard Bertels</b>

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
		<b>J. Richard Bertels</b>	<b>Martinsburg Mo</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>at birth</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Menigeocele and Hydrocephalus</b>	DUE TO (b)	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>751X</b>	

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)	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 **July 18, 1955**, to **July 18, 1955**, that I last saw the deceased alive on **July 18, 1955**, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Beford</b> (Degree or title)	23b. ADDRESS <b>220 W. Williams St</b>	23c. DATE SIGNED <b>7/19/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Joseph Ameloy</b>	24d. LOCATION (City, town, or county) (State) <b>Martinsburg Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 19-55</b>	REGISTRAR'S SIGNATURE <b>Blanche Mealy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Hill</b>	ADDRESS <b>Wellsville</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

110

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 *A. B. Kelly* .....

Licensed Embalmer No. *159* .....

P. O. Address *Kellyville* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

*No Embalming*