

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36452

State File No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>					
b. CITY OR TOWN <b>UNION</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>UNION</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>201 CHERRY ST.</b>				e. STREET ADDRESS (If rural, give location) <b>201 CHERRY ST.</b> <span style="float: right;">0.36/0</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JACOB</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>BERDING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 18, 1955</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 11, 1886</b>			
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR <b>28</b> Months		IF UNDER 24 HRS. <b>7</b> Hours		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 <b>CARPENTER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>UNION, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>FRITZ BERDING</b>			13b. MOTHER'S MAIDEN NAME <b>SOPHIA MAUNE</b>			14. NAME OF HUSBAND OR WIFE <b>LAURA BERDING</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-03-2129</b>		17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE BERDING</b> ADDRESS <b>UNION, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				DUE TO (b) <b>Coronary Thrombosis</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>4201</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) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Union Franklin MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 18 1955</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Dropped Dead</b>					
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 <b>12:15 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert P. Ottomano</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Coroner's Office Union, MO</b>		23c. DATE SIGNED <b>Nov 18 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-20-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CONCEPTION</b>		24d. LOCATION (City, town, or county) (State) <b>UNION MO</b>			
DATE REC'D BY LOCAL REG. <b>Nov 19 55</b>		REGISTRAR'S SIGNATURE <b>H. T. Cooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ottomano Funeral Home Union, MO</b> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed..... *E. F. Altman*

Licensed Embalmer No.....

P. O. Address..... *Union*

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