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0.48

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39589

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Linn Township</u>	c. LENGTH OF STAY (in this place) <u>0.40</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Linn Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. S. of Laddonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S. of Laddonia, Mo.</u>	

3. NAME OF DECEASED a. (First) <u>Bertha</u> b. (Middle) <u>Klarenbach</u> c. (Last) <u>Freyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1955</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. 20, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</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 (State or foreign country) <u>Sturgeon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Gustav Klarenbach</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Koch</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Freyer</u>	
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 <u>Mrs. Gerald M. Cluggage</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>			<u>1 year</u>
	DUE TO (c) <u>Hypertension</u>			<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senescent Atherosclerosis</u>			<u>7 years</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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 12/12, 1955, to 12/19, 1955 that I last saw the deceased alive on 12/12, 1955 and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Juyer, M.D.</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>Dec. 20, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 22-55</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Diehoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 1957

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 Clyde C. Gilbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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 this body is not embalmed, fact should be so stated above.