

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14051

State File No.

BIRTH NO.		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Eldon</u>		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 <u>4 South Pine</u>				e. STREET ADDRESS (If rural, give location) <u>4 South Pine</u> <u>0660</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAM</u>			b. (Middle) <u>FREDERICK</u>		c. (Last) <u>BERKSTRESSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 5, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>June 22, 1879</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopathic Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Morgan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Berkstresser</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Laura A. Berkstresser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laura A. Berkstresser</u>		ADDRESS <u>Eldon, Mo.</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>48 hrs.</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Bronchial Pneumonia</u> <u>6 days</u>				
DUE TO (c) <u>Ant. Myocardial Infarction</u> <u>7 days</u>								
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 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>4201</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?				
22. I hereby certify that I attended the deceased from <u>3/30</u> , 19 <u>56</u> , to <u>4/5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>56</u> and that death occurred at <u>9: A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Deceased or title) <u>Ross E. Munnell, D.D.</u>				23b. ADDRESS <u>Eldon, Mo.</u>		23c. DATE SIGNED <u>4/6/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 6, '56</u>		REGISTRAR'S SIGNATURE <u>C. W. Warrenta, D.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Phillips</u>		ADDRESS <u>Eldon</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

APR 17 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

VS JUN 3 1959

APR 23 1959

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 *Louis W. Phillips*

Licensed Embalmer No. *366*

P. O. Address *cedar*

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.