

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44648

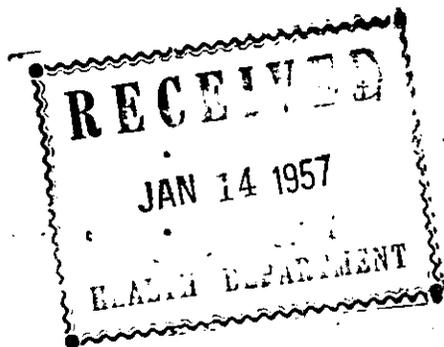
FILED JAN 17 1957

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Belton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Belton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>804 Belton Ave</b>		Length of stay in 1b <b>12 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>804 Belton Ave.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>28</b> Year <b>1956</b>			
3. NAME OF DECEASED (Type or print) <b>ETTA</b>		First <b>WILHELMINA</b>		Last <b>OBERLAG</b>	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 11, 1878</b>	9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Andrew Berg</b>		14. MOTHER'S MAIDEN NAME <b>Augusta Hagerlin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>F. W. Oberlag</b> Address <b>Belton, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 WEEKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIOSCLEROSIS</b>					<b>10 YRS.</b>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>CEREBRAL ENCEPHALOMALACIA, 8 MONTHS, 33IX</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>NONE</b>			
20c. TIME OF INJURY Hour a. m. p. m. <b>NONE</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		20f. CITY, TOWN, OR LOCATION <b>BELTON, Cass, Missouri</b>	
21. I attended the deceased from <b>Aug. 27 1946</b> to <b>DEC. 28, 1956</b> and last saw her <b>alive</b> on <b>DEC. 10, 1956</b> . Death occurred at <b>1:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Herbert G. Tracy, M.D.</b>			22b. ADDRESS <b>BELTON, Mo.</b>		22c. DATE SIGNED <b>12-29-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/31/1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons Grandview, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1/3/57</b>	
26. REGISTRAR'S SIGNATURE <b>Pauline Anderson</b> Deputy					

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.



MAR 20 1958

JUL 14 1958

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 Richard E. George

Licensed Embalmer No 39

P. O. Address Beeton

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.