

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014043

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 40

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>IRONTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BISMARCK</u> ⁰⁹⁴⁰		Inside Limits/ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's of the Parks</u>			Length of stay in lb <u>8 DAYS</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Bertrude</u> Middle <u></u> Last <u>Chelf</u>				4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 14, 1888</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>		11. BIRTHPLACE (City and state or country) <u>Bismarck, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Datrick Henry Fitz Gerald</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Osterhagen</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>313-14-4108</u>		17. INFORMANT <u>Jessen Chelf Bismarck, Mo.</u> Address <u></u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Myocardial Infarction & Hypertension</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u> <u>1 yr.</u> <u>4201</u>	
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.)					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>7-2-57</u> to <u>7-14-58</u> and last saw her <u>alive</u> on <u></u> Death occurred at <u>7 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>George H. Jones</u> (Degree or title) <u>0</u>				22b. ADDRESS <u>Ironton, Missouri</u>		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>APR 21, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S. O. O. F.</u>		23d. LOCATION (City, town, or county) (State) <u>BISMARCK, MO.</u>		
24. FUNERAL DIRECTOR <u>Shipman & Sons Bismarck, Mo</u> ADDRESS <u></u>			25. DATE RECD. BY LOCAL REG. <u>4-15-58</u>		26. REGISTRAR'S SIGNATURE <u>Ma Avis Jones</u>			

AUG 7 1958

APR 22 1958

MAY 23 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.....
John N. Shipman

Licensed Embalmer No. *488*

P. O. Address *Bismarck*

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.