

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035993

5425 STATE FILE NUMBER

FILED OCT 22 1958

Registration District No. 110 Primary Registration District No. 4180 Registrar's No. 50

| | | | | | | | |
|--|--|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Franklin Franklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Town Berger Mo. Route # 1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Berger Route # 1 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) WANDA | | First | | Middle | | Last COLTER | |
| 4. DATE OF DEATH Month Oct. Day 19 Year 1958 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 8. DATE OF BIRTH Oct. 10, 1898 | | 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months 10 Days 10 Hours 10 Min. | | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | | 11. BIRTHPLACE (City and state or country) Berger Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Peter Albeitz | | | | 14. MOTHER'S MAIDEN NAME Dora Helmedach | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Mr. Robert Colter Berger Mo Route 1 | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING | | | | | | | INTERVAL BETWEEN ONSET AND DEATH INSTANT |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | 975 X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) SUBJECT APPARENTLY WALKED INTO | | | | | |
| 20c. TIME OF INJURY Hour 10:00 a. m. Month 10/19/58 Day 19 Year 1958 | | FARM POND | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ROBT. COLTER FARM | | 20f. CITY, TOWN, OR LOCATION NEW HAVEN | | COUNTY FRANKLIN STATE MO | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on _____ of the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> | | | | 22b. ADDRESS 3 | | 22c. DATE SIGNED 10/19/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-22-1958 | | 23c. NAME OF CEMETERY OR CREMATORY St. John's E. & R. Cem. | | 23d. LOCATION (City, town, or county) (State) Berger Mo. | |
| 24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo. | | | | 25. DATE RECD. BY LOCAL REG. 10/21/1958 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carl C. Fertig*.....

Licensed Embalmer No. *33*

P. O. Address *New Haven*

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.