

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 59-000064

FILED FEB 10 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	c. LENGTH OF STAY (In this place) <u>58 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Dale township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/4 miles south east of Fairfax</u>	

3. NAME OF DECEASED (Type or Print) <u>Bert</u>	a. (First) <u>Bert</u>	b. (Middle) <u>Frede</u>	c. (Last) <u>Truernicht</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Aug. 8, 1879</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) <u>79</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	11. BIRTHPLACE (State or foreign country) <u>near Craig, Mo.</u>
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13a. FATHER'S NAME <u>Fred Truernicht</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Myrta Truernicht</u>
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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>514-22-0771</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Truernicht - Fairfax, Mo</u>	ADDRESS <u>1550</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary carcinoma of the liver</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced hypertensive arterio-sclerotic cardiovascular disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 8/22/57 1957 to 1/22/59 1959, that I last saw the deceased alive on 1/22/59 1959, and that death occurred at 4 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wiedemeyer, Mo</u>	(Degree or title)	23b. ADDRESS <u>Tarkio Mo.</u>	23c. DATE SIGNED <u>1/23/59</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J. O. O. F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 3, 1959</u>	REGISTRAR'S SIGNATURE <u>Therwin L. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schaefer</u>	ADDRESS <u>Craig, Mo.</u>
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UNRECORDED - USING BACKLINK - MAKE A PERMANENT RECORD

FEB 13 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 myself working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Wilbur L. Schoeler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.