URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960 53

Registration District No. _____ Primary Registration District No. 0000 Registrar's No. 73

-60-005427
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BURFORDSVILLE — Length of stay in 1b: 5 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CITY — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN: BURFORDSVILLE — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: BERTHA Middle: OLA Last: STRONG
4. DATE OF DEATH: Month 2 Day 8 Year 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 1-30-1908
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months 0 Days 8 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWF.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): SCOPUS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHARLIE HANNERS
13b. MOTHER'S MAIDEN NAME: POLLY COOK
14. NAME OF HUSBAND OR WIFE: DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JUEL L. STRONG, JACKSON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Apr. 1950 to 2-8-60 and last saw her alive on 2-7-60
Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E.F. McDonald MD (Degree or title)
22b. ADDRESS: Jackson, Mo.
22c. DATE SIGNED: 2-16-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-10-1960
23c. NAME OF CEMETERY OR CREMATORY: COOK CEM.
23d. LOCATION (City, town, or county): SCOPUS (State): MO
24. FUNERAL DIRECTOR: BAKER FUNERAL HOME — ADDRESS: HUNTSVILLE
25. DATE RECD. BY LOCAL REG.: 2-20-1960
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

FFR 24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. E. Graham

Signature of Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.