

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11125**

State File No. \_\_\_\_\_

FILED APR 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 39

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cassville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washburn</b> <span style="float:right">0050</span>       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Hospital</b>                             |  | d. STREET ADDRESS (If rural, give location) <b>0</b>   |  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>BILLY</b> b. (Middle) <b>KEITH</b> c. (Last) <b>BERTEAU</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>4-9-1954</b> |   |  |
| 5. SEX <b>male</b>   |  | 6. COLOR OR RACE <b>white</b>                                     |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b> |  |
| 8. DATE OF BIRTH <b>3-9-1952</b>   |  | 9. AGE (In years last birthday) <b>2</b>                          |   | 10. IF UNDER 1 YEAR Months Days   |  |
| 11. IF UNDER 1 YEAR Hours Mins.  |  | 11. BIRTHPLACE (State or foreign country) <b>Stella, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                     |  |

|  |  |                                   |   |  |  |   |  |
|--|--|-----------------------------------|---|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>           |  | 10b. KIND OF BUSINESS OR INDUSTRY |   | 11. BIRTHPLACE (State or foreign country) <b>Stella, Missouri</b>                  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |  |
| 13a. FATHER'S NAME <b>Keith Gene Berteau</b>   |  |                                   | 13b. MOTHER'S MAIDEN NAME <b>Allene Hendrix</b> |  |  | 14. NAME OF HUSBAND OR WIFE <b>none</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>no</b> |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Allene Berteau-Washburn, Mo.</b> |  |   |  |

|   |  |   |  |  |                                  |  |
|---|--|---|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arrest.</b>  |  |  | <b>Just.</b>                     |  |
|   |  | ANTECEDENT CAUSES   |  |  |                                  |  |
|   |  | DUE TO (b) <b>Cerebral concussion</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) <b>Gunshot wound, head.</b> |  |  | <b>1 Hour</b>                    |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>1 Hour</b>                    |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                                   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>005</b> |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 9 1954 10:30 pm.</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>Accidental discharge of pistol</b> |  |
| 22. I hereby certify that I attended the deceased from <b>April 9, 1954, to (once only), 19</b> , that I last saw the deceased alive on <b>April 9, 1954</b> , and that death occurred at <b>11 A. M.</b> , from the causes and on the date stated above. |  |   |  |  |  |

|  |  |                            |  |  |   |
|--|--|----------------------------|--|--|---|
| 23a. SIGNATURE (Degree or title) <b>Antoine A. Mical, M.D.</b> |  |                            | 23b. ADDRESS <b>Cassville, Mo.</b>                           |  | 23c. DATE SIGNED <b>April 18, 1954</b>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>        |  | 24b. DATE <b>4-14-1954</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Seligman, Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Seligman, Missouri</b> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>4-19-1954</b> |  | REGISTRAR'S SIGNATURE <b>Grace Williams</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. E. Culver - Cassville</b> |  |
|---|--|---|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

454-14

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

Rec 4-24-54

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 .....  
Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville

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