

No. 300
No. 48

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11126**
Registrar's No. **38**

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) KEITH b. (Middle) GENE c. (Last) BERTEAU			4. DATE OF DEATH (Month) (Day) (Year) 4-9-1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-1-1929	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (State or foreign country) Beloit, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis Berteau	13b. MOTHER'S MAIDEN NAME Daisy Randa	14. NAME OF HUSBAND OR WIFE Allene Hendrix Berteau
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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) no	16. SOCIAL SECURITY NO. 515-30-0146	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Forcade, Garfield, A.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gun shot wound to heart		instant
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washburn Barry Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 9 1954 10:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Dropped cylinder of shell to explode

22. I hereby certify that I attended the deceased from **April 9, 1954**, to **April 9, 1954**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul D. Huest	23b. ADDRESS Cassville, Missouri	23c. DATE SIGNED 4-17-1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-1954	24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery
24d. LOCATION (City, town, or county) (State) Seligman, Missouri		

DATE REC'D BY LOCAL REG. 4-19-1954	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Huest	ADDRESS Cassville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

454-13
BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.
Rec. 4-24-54

1962 - 9 1/2

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 *Paul D. Kerber*

Licensed Embalmer No. *4576*

P. O. Address *Cassville, Mo*

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.