

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0046699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 464

FILED DEC 8 1966

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Sedalia

Length of stay in 1b
6 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY
OR
TOWN

Sedalia

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

411 East 5th

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

411 East 5th

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
BERTHAMiddle
O.Last
CELLAR4. DATE
OF
DEATHMonth Day Year
December 1, 1966

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/26/1884

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Centertown, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Sartain

13b. MOTHER'S MAIDEN NAME

Laura Crutsinger

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT
411 East 5th Street
Herbert Cellar, Sedalia, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction 15 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Chronic congestive heart failure

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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
s.m. Month, Day, Year20d. 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 July 15, 1966, to Dec. 1, 1966 and last saw her alive on Nov. 30, 1966
Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert J. Campbell MD

22b. ADDRESS

312 1/2 So Ohio Sedalia, Mo.

22c. DATE SIGNED

12-2-66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/5/1966

23c. NAME OF CEMETERY OR CREMATORY

California Cemetery

23d. LOCATION (City, town, or county)

California, Missouri

(State)

24. EMBALMER'S SIGNATURE

Francis Ewing

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-5-1966

26. REGISTRAR'S SIGNATURE

Frances Shelby By Ruth Cole

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER-RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5910808
20808

3

4 1

5 1

6

7 0

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9 420.1

10

11

12 90-0

13 1-0

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 _____

Signature of Student Embalmer

Signed

Donald B. Bellmer

Licensed Embalmer No.

4992

P. O. Address

Sealdon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

DEC 13 1966

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