

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38028**

BIRTH NO. _____		REG. DIST. NO. <b>224</b>		PRIMARY REG. DIST. NO. <b>3046</b>		Registrar's No. <b>59</b>	
1. PLACE OF DEATH a. COUNTY <b>Moniteau</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo.</b> c. LENGTH OF STAY (in this place) <b>Lifetime</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California</b> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDRICK</b> b. (Middle) <b>HENRY</b> c. (Last) <b>HERT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 6, 1895</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Moniteau County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fred Hert</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Messerli</b>		14. NAME OF HUSBAND OR WIFE <b>Maurine Reynolds Hert</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. F.H. Hert, California, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Sclerosis</b> 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. <b>Cardio-vascular disease &amp; hypokinesia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 years</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>345X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June</b> , 1946, to <b>Nov 19</b> , 1949, that I last saw the deceased alive on <b>Nov 18</b> , 1949, and that death occurred at <b>4:15 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edgar A. Kibbe M.D.</b>				23b. ADDRESS <b>218 N. Oak California</b>		23c. DATE SIGNED <b>11/19/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 21, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>California, Moniteau, Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-22-49</b>		REGISTRAR'S SIGNATURE <b>H. K. Popejoy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILLIAMS FUNERAL HOME, California, Mo</b>			

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

JAN 14 1950

District File Number

District Health Officer No. 9,

RECEIVED DEC 8 1949

RECEIVED

FEB 9 1950

DEC 13 1949

DEC 14 1949

FEB 9 1950

### 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

*Hugh E. Williamson*

Licensed Embalmer No. 3537

P. O. Address California 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.