

7430

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 28 1949

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>23 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Stanberry, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>S.</u> c. (Last) <u>Berndt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 30, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William F. Berndt</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Ruenzi</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Berndt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Berndt, Stanberry, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>at least 5yr</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4457</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Mellitus - Obesity</u>					
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>2-26, 1949</u> , to <u>3-15, 1949</u> , that I last saw the deceased alive on <u>3-15, 1949</u> , and that death occurred at <u>3:26 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harold J. Brunner M.D.</u>			23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>3-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanberry, Missouri</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Mar. 21, 1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>		3822 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton Bowman, St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

REC-1212

MAR 31 1949

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3126 1/2th St. Joseph, 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.