

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32892**

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4013		Registrar's No. 52	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Atchison		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phelps City		c. LENGTH OF STAY (in this place) 2 hours		a. STATE Missouri b. COUNTY Holt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning			
				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
(Type or Print) August	Henry	Bernhardt	October	28	1949		
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	10 UNDER 1 YEAR	10 UNDER 10 MIN.
Male	White	Widowed	Feb. 3, 1870		79	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Retired land owner	Bank & Farm	Corning, Mo.		U.S.A.			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Peter Christen		Catherine Asendorf		Anna E. Christen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
No		None		Donald Christen - Corning, Mo.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				HOSPITAL PERIOD ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack					
		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, 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)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				4343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
Alvin Peters 3 Coroner Farfax Mo				Corning Mo		10/28/1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
Burial		10/30/49	Mount Hope		Corning Mo		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
Oct 30 '49		Betty Crabtree		Wilbur L. Scholten - Craig, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

pub.

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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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Schober*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.