S. No. 300
v. 10.48

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

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32983

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5.17 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Sarah Ann~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
d. STREET ADDRESS (If rural, give location): Hartsburg Mo. R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Ann
c. (Last): Bernard

4. DATE OF DEATH (Month) (Day) (Year): 10-16-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 12 1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John M Nichols
13b. MOTHER'S MAIDEN NAME: Susan Baily
14. NAME OF HUSBAND OR WIFE: John Bernard

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: Ed Bernard
ADDRESS: Ashland Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): TC
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes mellitus — 481X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1940, 19[illegible] *to* 10-18, 1949; *that I last saw the deceased alive on* 10-18, 1949, *and that death occurred at* 11:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Meyer M.D.
23b. ADDRESS: Hartsburg Mo
23c. DATE SIGNED: 10-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-18-1949
24c. NAME OF CEMETERY OR CREMATORY: New Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Ashland Mo

DATE REC'D BY LOCAL REG.: 10-17-49
REGISTRAR'S SIGNATURE: Mrs. Medus Burnett
25. FUNERAL DIRECTOR'S SIGNATURE: W. E. Burnett
ADDRESS: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1949

RECEIVED
NOV 9 1949
District Health Officer No.
District File Number

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 W. E. Burnett

Licensed Embalmer No. 3564

P. O. Address [illegible] 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.