

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33691**

FILED NOV 9 1949

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4219** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY OR TOWN Weaubleau		c. CITY OR TOWN Weaubleau	
c. LENGTH OF STAY (in this place) 4 1/2 yrs.		d. STREET ADDRESS (If rural, give location) U	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Mack	c. (Last) BERNARD	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9-1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21-1869	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Hickory Co., Mo. D	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph V. Bernard	13b. MOTHER'S MAIDEN NAME Nellie unknown	14. NAME OF HUSBAND OR WIFE Mary Bernard
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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'S SIGNATURE OR NAME ADDRESS Mrs. Mary Bernard, Weaubleau, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis		
	ANTECEDENT CAUSES Morbid 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.		L92X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 6, 1949**, to **Oct 9, 1949**, that I last saw the deceased alive on **Aug 27, 1949**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. D. Brown, D.O.	23b. ADDRESS Callins, Mo.	23c. DATE SIGNED 10-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 12-49	24c. NAME OF CEMETERY OR CREMATORY Robinson Cem.	24d. LOCATION (City, town, or county) (State) St. Claire Co., Mo.
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DATE REC'D BY LOCAL REG. Nov 1-1949	REGISTRAR'S SIGNATURE W.P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. H. Rimm, Humaneville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

43
00

RECEIVED

District Health Officer No. 7,

District File Number 10-49-132

Date Filed 11-8-49

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 E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humanville, 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.