

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43548

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>4540</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>			
b. CITY OR TOWN <u>GREENVILLE</u>		c. LENGTH OF STAY (in this place) <u>30</u> <u>days</u>		c. CITY OR TOWN <u>GREENVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>111</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>111</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANKLIN</u>		a. (First) <u>FRANKLIN</u>		b. (Middle) <u>AUGUSTA</u>		c. (Last) <u>BERNARD</u>	
4. DATE OF DEATH <u>AUG. 8 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>JULY 14, 1888</u>		9. AGE (in years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>L.A. BERNARD</u>		13b. MOTHER'S MAIDEN NAME <u>GERTRADE CRAWLER</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE BERNARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Bernard</u>		ADDRESS <u>Greenville</u>	
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) <u>Cirrhosis of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 mos</u> 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. <u>Broken hip</u> 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>7-1-</u> <u>1949</u> , to <u>8-8</u> <u>1949</u> , that I last saw the deceased alive on <u>Aug 2, 1949</u> , and that death occurred at <u>9:15</u> <u>am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Adam F. Wagner</u>				23b. ADDRESS <u>Greenville, Mo.</u>		23c. DATE SIGNED <u>8-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp 8 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Blady E. Tharshell</u>		FUNDRAISING DIRECTOR'S SIGNATURE <u>Tharshell</u>		ADDRESS <u>Greenville, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4601

P. O. Address Greenville, 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.