No. 300
10.48

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

FILED JUN 25 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23793

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 3028 Registrar's No. 124

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 2½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3118
d. STREET ADDRESS (If rural, give location): Chimes Hotel, 11th & Washington

**3. NAME OF DECEASED** (Type or Print)
a. (First): ISADORE
b. (Middle): E.
c. (Last): BERNSTEIN

**4. DATE OF DEATH** (Month) (Day) (Year): July 14, 1950

**5. SEX**: male 0
**6. COLOR OR RACE**: ~~white~~ hebrew
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): divorced 3
**8. DATE OF BIRTH**: June 17, 1893
**9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months 0, Days 27 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): realtor
**10b. KIND OF BUSINESS OR INDUSTRY**: real estate
**11. BIRTHPLACE** (State or foreign country): Kansas City, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Bernstein
**13b. MOTHER'S MAIDEN NAME**: Emma Gottlieb
**14. NAME OF HUSBAND OR WIFE**: unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War I
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Alice Bernstein 204 Westport Rd, K.C., 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) Shock- traumatic in origin — INTERVAL BETWEEN ONSET AND DEATH: 2½ hrs

ANTECEDENT CAUSES: fracture left scapula, contusions to body

*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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 049
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): HiWay 166-71
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson township Jasper Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 14 1950 8 a.m. 20
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: 6 miles south of Carthage collision of 2 cars

22. *I hereby certify that I attended the deceased from* 14 July, *19* 50, *to* 14 July *19* 50, *that I last saw the deceased alive on* 14 July'50, *19*____, *and that death occurred at* 11:20 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. E. Byrd M.D. **(Degree or title)**: O
**23b. ADDRESS**: Carthage Missouri
**23c. DATE SIGNED**: 14 July'50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal 4
**24b. DATE**: July 14, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Sheffield Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 19 July 50
**REGISTRAR'S SIGNATURE**: L. B. Clinton, M.D. 39
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-24-50
Jasper County Health Office
County File Number 50-7-542
Date Filed 7-24-50

JUL 27 1950

NOV 21 1950

AUG 25 1950

AUG 1 1950

## 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 Robert H. Knell
Licensed Embalmer No. 4459
P. O. Address Carthage

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.