

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27589

State File No. ....

FILED SEP 11 1950

Registrar's No. 58

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand rural 1 mile East Hy 60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Calvin</u>	c. (Last) <u>Mann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 8, 1950</u>
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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>June 4, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cache County Georgia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Mann</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Mann</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Mann, Bertrand, Mo</u>	ADDRESS
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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, asthma, 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) <u>Cardiac insufficiency</u>		<u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary disease</u> DUE TO (c)		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4501</u>

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) (Min)	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 10 July, 1950, to 7 Aug, 1950, that I last saw the deceased alive on 7 Aug, 1950, and that death occurred at 10:20P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Bernhardt M.D.</u>	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>8/11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/11/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 3-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Lex Kilgore</u>	439	25. FEDERAL DIRECTOR'S SIGNATURE THIS MUNICIPAL FUNERAL CHAPEL, Charleston, Mo. <u>John E. Bernhardt</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 - REC'D  
RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed SEP 8 1950

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**STATEMENT BY LICENSED EMBALMER**

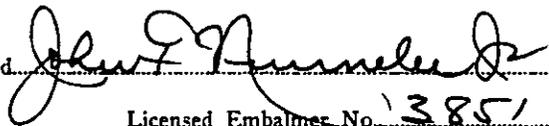
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3851

P. O. Address Charleston, 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.