

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30182

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

0422  
0

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>24 hrs</u>		c. CITY OR TOWN <u>Clinton, Mo.</u>		REG. DIST. NO. <u>3023</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton general Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>BERTRAND</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>19</u> Year <u>1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 28, 1857</u>	
9. AGE (in years last birthday) <u>92</u>		10. MONTHS <u>5</u> DAYS <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>Leeds, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work) <u>Retired Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leeds, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward Bertrand</u>		13b. MOTHER'S MAIDEN NAME <u>Clemence Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertie E. Bertrand, Clinton, Mo.</u> ADDRESS			
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>Fracture of intertrochanteric line left femur</u> 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. <u>Microcytic anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs</u> <u>30</u> <u>30</u> <u>unborn</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Leasville Twp.</u> (COUNTY) <u>Henry</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 18, 1950 8<sup>15</sup> a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in beam</u>			
22. I hereby certify that I attended the deceased from <u>April 4, 1949</u> , to <u>Sept 19, 1950</u> , that I last saw the deceased alive on <u>Sept 19, 1950</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>9/20/50</u>	
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Sept 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawer, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 18 1950</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Bennett</u> ADDRESS <u>Clinton, Mo.</u>			

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

RECEIVED 9-25-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-25-50

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 *H. L. Swisart*

Licensed Embalmer No. 3779

P. O. Address *Clinton, 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.