

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35965**

FILED OCT 30 1950

280
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BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY Deer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Deer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN near Wash twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN haverhill 3708	
c. LENGTH OF STAY (in this place) 4-11-50		d. STREET ADDRESS (If rural, give location) 1164 W 42"	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3			
3. NAME OF DECEASED (Type or Print) a. (First) LOIS BERNODY b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 10-18-50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 5-27-84
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 4 76	IF UNDER 24 HRS. Hours Min. 4 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Marshalltown Iowa	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Separated	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital records near	
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bacteriaemia DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 142 21
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT 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 6-25-1946 , to 10-18-1950 , that I last saw the deceased alive on 10-18, 1950 , and that death occurred at 3:45 pm. , from the causes and on the date stated above.			
23a. SIGNATURE R. H. Hall (Degree or title)		23b. ADDRESS Nevada Mo	23c. DATE SIGNED 10-18-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removed	10-19-50	Unknown	Kansas City, Mo.
DATE REC'D BY LOCAL REG. Oct. 20-50	REGISTRAR'S SIGNATURE Kathryn H. Vance	331	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen W. Hays, Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 24 1950
Dist. File 1050-2155
Date Filed 10-25-50

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 Allen W. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 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.