

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

Bernheim
State File No. **12412**

FILED MAY 14 1951

No. 300
10.48

| | | | | | | | |
|---|---------------------------|---|--|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>142</u> | | PRIMARY REG. DIST. NO. <u>4731</u> | | Registrar's No. <u>22</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Howell</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u> | | c. LENGTH OF STAY (in this place) <u>35 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u> | | No. <u>0465</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> | | | b. (Middle) _____ | | c. (Last) <u>Groom</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 4-1951</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>June 22 1874</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u> | IF UNDER 24 HOURS Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Rock Island Ill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Not Known</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u> | | 14. NAME OF HUSBAND OR WIFE <u>G.E. Groom</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>ROY Groom</u> ADDRESS <u>Willow Springs MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | | | | 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) _____ | | 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 <u>April, 1951</u> , to <u>May 4, 1951</u> , that I last saw the deceased alive on <u>May 4, 1951</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Shane Bernheim</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>Mountain View Mo</u> | | 23c. DATE SIGNED <u>5-7-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 7 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mtn View Cem,</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mountain View, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>5-8-1951</u> | | REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan funeral home Mtn View, MO</u> ADDRESS _____ | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

460

DIVISION OF HEALTH OF MO. ~~1937~~ ~~BY~~ ~~ADP~~
District No. 5 - Springfield

RECEIVED MAY 11 1951

Dist. File 551-983-2

Date Filed 5-10-51

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. 2516

P. O. Address St. Louis, 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.