

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21763

FILED JUN 20 1951

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Paney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hollister</u>	
c. LENGTH OF STAY (In this place) <u>4-1-11</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshall State School</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Leo</u> c. (Last) <u>Bersinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 17 1908</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</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>Hollister Mo</u>	
13a. FATHER'S NAME <u>David M Bersinger</u>			13b. MOTHER'S MAIDEN NAME <u>Lillie E Howard</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David M Bersinger</u> ADDRESS <u>Hollister Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		-MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				

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 10, 1950, to 6-9, 1951, that I last saw the deceased alive on 6-9, 1957, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Salyer M.D.</u>		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>6-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hollister Cen</u>	
24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>		DATE REC'D BY LOCAL REG. <u>June 11-1957</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-19-51

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.

Signed *Harry Hershberger*

Signed _____
Student Embalmer

Licensed Embalmer No. *435-7*

P. O. Address *Marshall Ma*

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.