

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 1

0100
1

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> <u>0100</u>		d. STREET ADDRESS (If rural, give location) <u>124 So. Jefferson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>124 So. Jefferson St.</u>		d. STREET ADDRESS (If rural, give location) <u>124 So. Jefferson St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olivia</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Pemberton</u>			DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1. 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 17 - 1881</u>	9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR: Months <u>2</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Marietta, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Louis F. Bernard</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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>Morton H. Pemberton, Chicago, Illinois</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> INTERVAL BETWEEN ONSET AND DEATH: <u>few months</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Syndrome</u> <u>few years</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u> <u>Several Year</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Monckeberg's Sclerosis</u> <u>Several Year</u>		

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 building, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4425</u>	
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 6-24-43 to 1-1-52, that I last saw the deceased alive on 12-31-51, 1951, and that death occurred at 4:00 AM from the causes and on the date stated above.

23a. SIGNATURE <u>P. O. Baker, D.D.</u> (Degree or title)		23b. ADDRESS <u>Centralia, Mo</u>		23c. DATE SIGNED <u>1-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 2 - 1952</u> REG. _____		REGISTRAR'S SIGNATURE <u>Maud M. Bridgman</u> <u>30</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul O. Ballew, Centralia, Mo</u> ADDRESS _____	
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RECEIVED JAN 9 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 9 1952

FEB 27 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul J. Ballou

Signed _____
Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.