

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13806**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 29

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1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (SULLIVAN RURAL) MERAMEC		c. LENGTH OF STAY (In this place) 4 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MERAMEC (SULLIVAN RURAL)		d. STREET ADDRESS (If rural, give location) RURAL HIGHWAY #U 0369	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) H	c. (Last) BERTRAND	4. DATE OF DEATH (Month) (Day) (Year)	APRIL 19 1953
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5. SEX Male	6. COLOR OR RACE W White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 11-1884	9. AGE (In years last birthday) 68	if UNDER 1 YEAR Months 5 Days 4	if UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last year or 12 months, if retired)		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) OSAGE MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JOHN BERTRAND	13b. MOTHER'S MAIDEN NAME AMILE ROULIN	14. NAME OF HUSBAND OR WIFE EDITH STRASSINGER BERTRAND
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME GLEEN BERTRAND ADDRESS SULLIVAN MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic changes DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/21/52, 1952, to 4/19/53, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 16 P m., from the causes and on the date stated above.

23a. SIGNATURE Glenn F. Anderson (Degree or title)	23b. ADDRESS Sullivan, Mo	23c. DATE SIGNED 4/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 22-53	24c. NAME OF CEMETERY OR CREMATORY CAVE SPRING CEMETERY MERAMEC T.P FRANKLIN MO.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-21-53	REGISTRAR'S SIGNATURE [Signature] 97-	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sullivan Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul H. Quollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.