No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14807

FILED MAY 4 1953 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 34

5200

1. PLACE OF DEATH
a. COUNTY Knox Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edina
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gibson Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Knox Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Belle 0520
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Henry c. (Last) Bernsen
4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 53
5. SEX Male
6. COLOR OR RACE Cauc.
7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 10/9/1886
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry E. Bernsen
13b. MOTHER'S MAIDEN NAME Helen Feldbuegge
14. NAME OF HUSBAND OR WIFE Daisy Bernsen
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. 489-05-7637
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn E. Ramsey Ewing, Mo.

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) Cerebral Thrombosis & Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension — 10 years
DUE TO (c) Left Ventricular Hypertrophy — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1953, to April 29, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 12:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry L. McCracken DO
23b. ADDRESS La Belle Mo.
23c. DATE SIGNED April 29 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2 - 53
24c. NAME OF CEMETERY OR CREMATORY Masonic
24d. LOCATION (City, town, or county) (State) Ewing, Mo

DATE REC'D BY LOCAL REG. May 1-53
REGISTRAR'S SIGNATURE Nella S. Hunsel 151-0
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball ADDRESS Ewing 240

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 1953

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Lewiston, Me

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.