

STANDARD CERTIFICATE OF DEATH

 State File No. **18977**

FILED JUN 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		c. LENGTH OF STAY (in this place) <u>55 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		<u>0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LIHILL</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LISETTE</u>		b. (Middle) <u>C.</u>		c. (Last) <u>BERNECKER</u>	
						4. DATE OF DEATH <u>MAY 17, 1953</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>FEBRUARY 13, 1869</u>	
						9. AGE (In years) <u>84</u>	
						10. MONTHS <u>3</u>	
						11. DAYS <u>4</u>	
						12. HOURS <u>4</u>	
						13. MIN. _____	
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>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>DON'T KNOW</u>			13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN HERMAN BERNECKER</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>MR. WILLIAM BERNECKER</u>			
				ADDRESS <u>UNIONVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Degenerative myocarditis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>					
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					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)		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>Apr. 5</u> , 19 <u>53</u> , to <u>May 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 16</u> , 19 <u>53</u> , and that death occurred at <u>3:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. McDonald</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Unionville, MO.</u>		23c. DATE SIGNED <u>5-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>6-5-53</u>		REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COLE STOCK</u> ADDRESS <u>UNIONVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

 0860
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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.....
Student Embalmer

Signed *John N. Comstock*
Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.