

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35368

State File No. \_\_\_\_\_

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5. No. 200  
v. 10.48

FILED OCT 19 1953

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BIRTH NO. _____		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>4139</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Turney</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Turney</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle) <u>BERNHAM</u>		c. (Last) <u>HARDER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1953</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 23 1883</u>
9. AGE (in years last birthday) <u>69</u>		10. MONTHS <u>10</u>		11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Bernham</u>		
13b. MOTHER'S MAIDEN NAME <u>Catherine Bernham</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar H. Harder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Harder</u>
18. NAME OF HUSBAND OR WIFE <u>Turney Mo.</u>		18. MEDICAL CERTIFICATION		
19. DATE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incontinence and Debilitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Gastric hemorrhage</u>		<u>1 wk.</u>
		DUE TO (c) <u>Carcinoma of stomach</u>		<u>6 mo</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) <u>151X</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 <u>Sept 29, 1952</u> , to <u>10-14, 1953</u> , that I last saw the deceased alive on <u>10-14, 1953</u> , and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>C. K. Compton</u>		23b. ADDRESS <u>Turney Mo</u>		23c. DATE SIGNED <u>10-15-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/16/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Turney</u>
24d. LOCATION (City, town, or county) (State) <u>Turney Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u>		
DATE REC'D BY LOCAL REG. <u>10-16-53</u>		REGISTRAR'S SIGNATURE <u>Glyde A. Snider</u>		ADDRESS <u>Plattsburg, Mo.</u>

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Daniel R. Lyon*

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.