

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1763

State File No. ....

FILED JAN 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>	
c. LENGTH OF STAY (in this place) <u>45 YRS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1129 WEST AUSTIN</u>		d. STREET ADDRESS (If rural, give location) <u>1129 WEST AUSTIN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>LENA</u> c. (Last) <u>MCERNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 10, 1954</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>NOVEMBER 2, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Days <u>2</u> Hours <u>8</u> IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN C. MCERNING</u>	13b. MOTHER'S MAIDEN NAME <u>NO DATA</u>	14. NAME OF HUSBAND OR WIFE <u>HERMAN MCERNING (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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HELEN SAUC BEAMER</u> ADDRESS <u>WEBB CITY, MO.</u>

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>Acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic hypertensive</u> <u>cardiovascular disease</u>		4 yrs
DUE TO (c) _____		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 10 - 1949, to 110, 1954, that I last saw the deceased alive on 110, 1954, and that death occurred at 12:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Tom Bergison, MD</u>		23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>1/11/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JANUARY 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>1-12-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY, MO.</u>	

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

JAN 21 1954

RECEIVED JAN 18 1954  
Jasper County Health Office  
County File Number 54-1-50  
Date Filed JAN 18 1954

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 Richard Gray Lew

Licensed Embalmer No. 4405

P. O. Address Webb City

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.