

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9259

State File No. ....

FILED APR 6 1955  
64159-54  
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>505 Allen Pl.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jean</b> b. (Middle) <b>Marie A</b> c. (Last) <b>BERNATHY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 26 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 30, 1954</b>
9. AGE (In years last birthday) <b>5</b> 10. MONTHS <b>2</b> 11. DAYS <b>26</b>		9. AGE (In years last birthday) <b>5</b> 10. MONTHS <b>2</b> 11. DAYS <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (State or foreign country) <b>Bonne Terre, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Weldon Abernathy</b>		13b. MOTHER'S MAIDEN NAME <b>Lois Northcutt</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lois Abernathy</b> ADDRESS <b>De Soto, Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Varicella</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>     <b>14 days</b>	
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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) (Min)		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 **3/24**, 1955, to **3/26**, 1955, that I last saw the deceased alive on **3/26**, 1955, and that death occurred at **4:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lois Abernathy</b> (Degree or title)		23b. ADDRESS <b>33 N. Allen St.</b>		23c. DATE SIGNED <b>3/26/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>	
24d. LOCATION (City, town, or county) (State) <b>De Soto, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>Mar 26 1955</b>		REGISTRAR'S SIGNATURE <b>Gother Rudolph</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J Lee Mathershead</b> ADDRESS <b>De Soto, Mo.</b>	
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 47245

P. O. Address Desoto, 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.