

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1779

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u> Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		0520
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			d. STREET ADDRESS (If rural, give location) .....		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u>		b. (Middle) <u>LEON</u>	c. (Last) <u>BERT, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 Feb. 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>29 July 1896</u>	9. AGE (In years last birthday) <u>56</u>	If under 1 Year Months   Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Associate Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Manitou, Colorado</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harry Leon Bert</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Bert</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>World War II 492-03-5253</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Bert</u>		ADDRESS <u>Edina, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 hr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage with rt. hemiplegia</u>	ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION .....	19b. MAJOR FINDINGS OF OPERATION .....			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	331x
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>Feb. 4-6<sup>00</sup> pm, 1956</u> , to <u>Feb 4-8<sup>15</sup> pm, 1956</u> , that I last saw the deceased alive on <u>Feb 4-6<sup>00</sup> pm, 1956</u> , and that death occurred at <u>8:15 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Francis Tanyolas</u>			23b. ADDRESS <u>Edina, Mo. 64401</u>	23c. DATE SIGNED <u>Feb 6, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7 Feb 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 9-56</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Rimer</u> ADDRESS <u>Edina, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

18 1988

REC 15 1988

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 Mrs J. W. Hudson

Licensed Embalmer No. 29723

P. O. Address Edina 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.