

No. 300
10.48

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3664**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) KIRKSVILLE		c. LENGTH OF STAY (in this place) 4 WEEKS	b. COUNTY Franklin Co.
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital, Clinic		c. CITY OR TOWN 909 IN	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 0990	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE	b. (Middle)	c. (Last) BERTRAM	4. DATE OF DEATH (Month) (Day) (Year) 3-4-56
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept 5, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Scotland Co., Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Fred. C. Bertram	13b. MOTHER'S MAIDEN NAME CARRIE L. MOORE	14. NAME OF HUSBAND OR WIFE FAMIE BERTRAM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. 486-34-9885	17. INFORMANT'S SIGNATURE OR NAME Harold Bertram	ADDRESS Goin, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA DUE L. Pyelonephrosis - UNKNOWN	DUE TO (b) Prostatic Hypertrophy	UNKNOWN
	II. OTHER SIGNIFICANT CONDITIONS HEMISTORIA - NEPHRITIS Conditions contributing to the death but not related to the disease or condition causing death. NPN NEVER LOWER THAN 84	DUE TO (c) Usually 104-148	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 610X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-5**, 19**56**, to **3-4**, 19**56**, that I last saw the deceased alive on **3-4**, 19**56** and that death occurred at **6:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ed Laughlin	(Degree or title) D.O.	23b. ADDRESS Kirksville, Mo	23c. DATE SIGNED 3-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 4, 1956	24c. NAME OF CEMETERY OR CREMATORY WYACONDA	24d. LOCATION (City, town, or county) (State) WYACONDA Mo
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DATE REC'D BY LOCAL REG. 3-8-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Harold Bertram	ADDRESS Franklin Co.
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(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred Gault.....

Licensed Embalmer No. 42.....

P. O. Address Memphis.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.