

No. 300  
10.48

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4131

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLADSTONE</u>		c. CITY OR TOWN <u>GLADSTONE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>3622 E. 57th Terr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3622 E 57th Terr</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>	b. (Middle) <u>ADELA</u>	c. (Last) <u>BERNARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1956</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>AUG 28, 1902</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>HENRY VAN SWEET</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE DELL</u>	14. NAME OF HUSBAND OR WIFE <u>CECIL BERNARD</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>339-12-0674</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CECIL C. BERNARD</u>	ADDRESS <u>3622 E 57th Terr</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Thrombosis</u>			<u>2 days</u>
	DUE TO (c) <u>Arterio Sclerotic heart disease</u>			<u>10 min</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 checked="" type="checkbox"/> NO <input 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>4200</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 Jan 1, 1953, to Feb 23, 1956 that I last saw the deceased alive on Feb 19, 1956, and that death occurred at 5:45 pm., from the causes and on the date stated above.

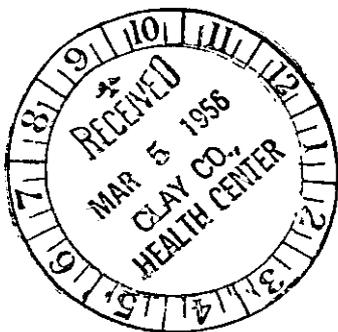
23a. SIGNATURE (Degree or title) <u>Edward Fischer MD</u>	23b. ADDRESS <u>306 E 21st NKC 16 MO</u>	23c. DATE SIGNED <u>2-24-56</u>
---	--	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 25-56</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Clay Co MO</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-25-56</u>	REGISTRAR'S SIGNATURE <u>Marguerite Ludgen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>Some N.K.C.</u>
---	--	---	----------------------------

(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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4949

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