

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29562

State File No. _____

FILED AUG 17 1956

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u> c. LENGTH OF STAY (in this place) <u>27 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED (Type or Print) <u>LACY</u> (First) <u>(NMN)</u> (Middle) <u>BERNARD</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 3, 1956</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 17, 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>	IF UNDER 15 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>FARMER (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>KINGSPORT, TENN.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE BERNARD</u>	13b. MOTHER'S MAIDEN NAME <u>CRAWFORD</u>	14. NAME OF HUSBAND OR WIFE <u>IDYS BERNARD</u>
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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. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LINUS BERNARD - ORAN Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Carcinoma Prostate 1st</u> ANTECEDENT CAUSES <u>Carcinoma Prostate 2nd</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	20. AUTOPSY? YES <input 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)
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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?
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22. I hereby certify that I attended the deceased from Apr., 1954, to Aug 3, 1956, that I last saw the deceased alive on June 20, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>	23b. ADDRESS <u>Wentz mo</u>	23c. DATE SIGNED <u>8-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-5-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARPER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>(NEAR) Bloomfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-9-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED AUG 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-172

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

Jack J. Lurnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, 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.