

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

31712  
STATE FILE NUMBER 4257

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Roeland Park</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Luke's</b>		d. STREET ADDRESS <b>5700 Birch</b>	
3. NAME OF DECEASED (Type or print) <b>FRED BERNICK</b>		4. DATE OF DEATH Month <b>9</b> Day <b>13</b> Year <b>57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-2-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Industrial Engineer</b>		11. BIRTHPLACE (City and state or country) <b>Blue Grass, Iowa</b>	
13a. FATHER'S NAME <b>Fritz Bernick</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Bernick</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-09-6086</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of coronary arteries</b>		<b>10 years</b>	
DUE TO (c) _____		<b>4200</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>(1) Portal cirrhosis (2) Diabetes mellitus</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Jefferson City, Mo.</b>	
21. I attended the deceased from <b>Jan. 1957</b> to <b>13 Sept. 57</b> and last saw <sup>him</sup> alive on <b>12 Sept 1957</b> Death occurred at <b>5:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. L. Slentz M.D.</b>		22b. ADDRESS <b>4620 Nichols Pkwy, New City, Mo.</b>	
22c. DATE SIGNED <b>9/13/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>9-13-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Jefferson City, Mo.</b>	
23d. LOCATION (City, town, or county) <b>Jefferson City, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Freeman Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>9-13-57</b>	
ADDRESS <b>K.C. Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Frederic Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

E. L. Slentz USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

*The E. S. Slough*  
*S.E. Burkes*  
*Emergency Room*



**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 *J. S. Freeman* .....

Licensed Embalmer No. *293*  
P. O. Address *F. O. M.*

**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.