

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031766
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY Boone County, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) Perche Twp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Harrisburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. Harrisburg.			Length of stay in 1b 5 yrs	d. STREET ADDRESS (If outside, give location) Perche Twp.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First BERTHA Middle BERNAUS Last MEAD				4. DATE OF DEATH Month OCT. Day 1, Year 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 22, 1958		9. AGE (In years birth day) 77	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) House work			10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Wesley Lewis			13b. MOTHER'S MAIDEN NAME Sarah Batten		14. NAME OF HUSBAND OR WIFE James Howard Mead			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. ----	17. INFORMANT Address Mr. James H. Mead, Harrisburg, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis DUE TO (b) arteriosclerosis DUE TO (c) 4501 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 10 minutes		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> natural			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. —			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Harrisburg		COUNTY Boone		STATE Mo.	
21. I attended the deceased from Oct 1, 1958 to Oct 1, 1958 and last saw her dead Oct 1, 1958 Death occurred at 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. J. Shaw, Jr. M.D.				22b. ADDRESS Lee Hospital, Fayette, Mo		22c. DATE SIGNED 10-2-58		
23a. BURIAL, CREMATION, REINEXAL (Specify) Burial		23b. DATE 10/3/1958	23c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery		23d. LOCATION (City, town, or county) (State) Harrisburg, Missouri			
24. FUNERAL DIRECTOR Delbert A. Carr			ADDRESS Fayette, Mo.	25. DATE RECD. BY LOCAL REG. Oct 2 1958		26. REGISTRAR'S SIGNATURE Max R. Palmer		

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 24 1962

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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.