URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

-60-015915
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 63

ENDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, MISSOURI — Length of stay in 1b

c. CITY OR TOWN FESTUS — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) R#1 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BERTHA Middle Last BLAND

4. DATE OF DEATH Month 4-11-60 Day Year

5. SEX FEMALE

6. COLOR OR RACE COLORED

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-24-72

9. AGE (last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 OWN HOME

11. BIRTHPLACE (City and state or country) MINERAL POINT, MO.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HENRY WANSLEY

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE **

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO.

17. INFORMANT Address OLIVER BLAND FESTUS, 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) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 3, 1959, to April 4, 60 and last saw her/him alive on April 4, 60
Death occurred at Apr. 11, 60 -10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernhard Belgard MD

22b. ADDRESS Festus, Mo.

22c. DATE SIGNED 4/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4-15-60

23c. NAME OF CEMETERY OR CREMATORY MT ZION CEM.

23d. LOCATION (City, town, or county) (State) FESTUS, MO.

24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.

25. DATE REC'D. BY LOCAL REG. 4-13-60

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gentry P. Polit

Signature of Student Embalmer

Licensed Embalmer No. 348

P. O. Address Crystal C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.