

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039306

FILED VS NOV 1 1960 280

Registration District No. 4423 Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston		Length of stay in lb 3 yrs.		c. CITY OR TOWN Parkville		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Matthews Haven of Rest		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First William Middle H. Last Berntsen				4. DATE OF DEATH Month Oct. Day 17 Year 1960			
5. SEX Male		6. COLOR OR RACE white		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 6/27, 1873	
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 5 Days 17 Hours 19 Min.		IF UNDER 24 HR Months 5 Days 17 Hours 19 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal worker - Retired				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Nemaha City, Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Arnold Berntsen				13b. MOTHER'S MAIDEN NAME Abbie Greenwood		14. NAME OF HUSBAND OR WIFE Abbie Greenwood	
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. NONE		17. INFORMANT Address Clarence E. Hevalow, Rt. 1, Parkville Box 409			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prostatitis, pyelitis, Cystitis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatitis DUE TO (c) Cystitis. Obesity. 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.) No injury.			
20c. TIME OF INJURY Hour 1:50 a.m. Month, Day, Year Dec - 28 - 1956		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.) Weston		20f. CITY, TOWN, OR LOCATION Weston		COUNTY Platte		STATE Missouri	
21. I attended the deceased from Dec - 28 - 1956 to Oct - 17 - 1960 and last saw him alive on Sept - 8 - 1960 Death occurred at 1:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lewis B. Calvert M.D. (Degree or title)				22b. ADDRESS Weston Missouri		22c. DATE SIGNED 10/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 19, '60		23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) Parkville, Mo.	
24. FUNERAL DIRECTOR L. H. Francis ADDRESS 401 Main, Parkville, Mo.				25. DATE RECD. BY LOCAL REG. Oct 19, 1960.		26. REGISTRAR'S SIGNATURE Bephia Rollins.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed

Leland H. Francis
401 Main St.

Licensed Embalmer No.

3451

P. O. Address

Parkville

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.