

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000679

FILED VS FEB 14 1961 77

Registration District No. 3016

Registrar's No. 33

STATE FILE NUMBER

AMENDED

DATE AMENDED 3-14-61 ih
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF No
 SHOULD READ 15 yes - Nov. 7-56 to Nov. 6-58 No
 BY AFFIDAVIT OF informant

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY COLE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Length of stay in 1b	c. CITY OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 OLIVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT LEE BERNSKOETTER			4. DATE OF DEATH FEB. 9, 1961			
5. SEX Male	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 7/18/35	9. AGE (last birthday) 25	IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 21 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) I B M OPERATOR EMPLOYMENT SECURITY		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JEFFERSON CITY, MO. USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME WILLIAM BERNSKOETTER		13b. MOTHER'S MAIDEN NAME MABEL PRENGER		14. NAME OF HUSBAND OR WIFE JUDY KREMER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES Nov. 7-56 - Nov. 6-58		16. SOCIAL SECURITY NO. 4-1-56-58	17. INFORMANT Address MRS JUDY PERNSKOETTER J C 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) <i>Lymphoma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 7/9.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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						
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		COUNTY STATE		
21. I attended the deceased from 54 to 2/9/61 and last saw him alive on 2/8/61 Death occurred at 3 AM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>David Lee MA</i>			22b. ADDRESS Jefferson City Mo		22c. DATE SIGNED 2/11/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/11/61	23c. NAME OF CEMETERY OR CREMATOR RESURRECTION	23d. LOCATION (City, town, or county) JEFFERSON CITY, MO. (State)			
24. FUNERAL DIRECTOR <i>Lybester Dulle J. C. Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. 10 February 1961	26. REGISTRAR'S SIGNATURE <i>RP. Norris, MD - Richter, Dep.</i>			

FEB 24 1961

FEB 21 1961

VS FEB 27 1961

VS MAR 20 1961

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 Sylvester Doble

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.