

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002321

FILED VS FEB 6 1961

231

Primary Registration District No. 5808

Registrar's No. 5

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Beale Creek</u> <u>Beale Creek Township</u>			c. CITY OR TOWN <u>New Florence, Mo</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jonesburg Nursing Home</u>			d. STREET ADDRESS (If outside, give location) <u>High Hill Mo</u>		
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>Christian</u> Last <u>Bernat</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>25</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-20-1909</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>New Florence Lumber Co</u>		
11. BIRTHPLACE (City and state or country) <u>High Hill Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U S</u>		
13a. FATHER'S NAME <u>John Bernat</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Meyer</u>		
14. NAME OF HUSBAND OR WIFE <u>Irma Bernat</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>405-14-8854</u>			17. INFORMANT <u>Mrs Irma Bernat New Florence, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Reoccurring Glioblastoma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
DUE TO (b) <u>Glioblastoma-Brain</u>					<u>2 1/2 yrs.</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Deabilitation due to above</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 _____ a.m. _____ p.m.	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 <u>July 4, 1958</u> to <u>Jan. 25, 1961</u> and last saw her alive on <u>Jan. 25, 1961</u> Death occurred at <u>3:20</u> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. H. Thompson D.O.</u>			22b. ADDRESS <u>New Florence, Mo.</u>		22c. DATE SIGNED <u>1-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-28-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>High Hill Mo</u>	
24. FUNERAL DIRECTOR <u>D B Baker New Florence, Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>Jan 27-1961</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>	

(Licensed Emballer's Statement on Reverse Side)

FEB 10 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 *E. B. Baker*

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.