MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047747
STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 5708 Registrar's No. 138

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN:
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jonesburg Nursing Home
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Montgomery
c. CITY OR TOWN: High Hill, Mo
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Caroline Middle: Bernat Last:

4. DATE OF DEATH: Month Day Year: 12-22-1962

5. SEX: F

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-12-1886

9. AGE (last birthday): 76
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 Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Waterlou Ill

12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Moritz Meyer

13b. MOTHER'S MAIDEN NAME: Caroline Kappelmann

14. NAME OF HUSBAND OR WIFE: John Bernat

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Margaret Van Beck New Florence, Mo

MEDICAL CERTIFICATION

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 Embolism
Coronary Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 10 Min. sev. yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (Generalized Arteriosclerosis. Cerebral Arteriosclerotic changes. Cerebral Hemorrhage 1960 with resultant Right Hemiplegia.

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 June 14, 1960 to Dec. 22, 1962 and last saw her/him alive on Dec. 21, 1962
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. H. Thompson DD

22b. ADDRESS: New Florence, Mo.

22c. DATE SIGNED: 12/23/62

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

23b. DATE: 12-24-62

23c. NAME OF CEMETERY OR CREMATORY: Jonesburg Cemetery

23d. LOCATION (City, town, or county) (State): Jonesburg, Mo

24. FUNERAL DIRECTOR ADDRESS: D B Baker New Florence, Mo

25. DATE RECD. BY LOCAL REG.: 12/25/62

26. REGISTRAR'S SIGNATURE: Laura B Calloway

(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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed O R 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.