

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007729

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 588 Registrar's No. 14

FILED FEB 19 1963

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN High Hill, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jonesburg Nursing Home		d. STREET ADDRESS (If outside, give location) High Hill, Mo	

3. NAME OF DECEASED (Type or print) First **John** Middle **Bernat** Last **Bernat**

4. DATE OF DEATH **2-12-1963** Month **2** Day **12** Year **1963**

5. SEX **M** 6. COLOR OR RACE **White** 7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH **4-5-1877** 9. AGE (last birthday) **85**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Maskella Austria** 11. BIRTHPLACE (City and state or country) **U S** 12. CITIZEN OF WHAT COUNTRY **U S**

13a. FATHER'S NAME **John Bernat** 13b. MOTHER'S MAIDEN NAME **Victoria Swartz** 14. NAME OF HUSBAND OR WIFE **Caroline Bernat**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Margaret Van Beck New Florence, 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) **Coronary Thrombosis** 5 months

DUE TO (b) **Coronary Arteriosclerotic Heart Disease** 5 yrs.

DUE TO (c) **Generalized Arteriosclerosis.**

Chronic Glomerulonephritis. Senility. Post CVA.

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 **2:00** Month **Aug** Day **30** Year **1962**

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.) **Home** 20f. CITY, TOWN, OR LOCATION **New Florence, Mo** COUNTY **Montgomery** STATE **Mo**

21. I attended the deceased from **Aug. 30, 1962** to **Feb. 12, 1963** and last saw her/him alive on **Feb. 11, 1963**

Death occurred at **2:00** A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **C. H. Thompson** (Degree or Title) **D O** 22b. ADDRESS **New Florence, Mo** 22c. DATE SIGNED **2-14-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-14-1963** 23c. NAME OF CEMETERY OR CREMATORY **Jonesburg Cemetery** 23d. LOCATION (City, town, or county) **Jonesburg, Mo** (State)

24. FUNERAL DIRECTOR **D B Baker** ADDRESS **New Florence, Mo** 25. DATE REC'D. BY LOCAL REG. **2-14-63** 26. REGISTRAR'S SIGNATURE **Louise B. Callaway**

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 *D 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.