

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30073

State File No. \_\_\_\_\_

No. 30071 DOCT 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>518</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>301 N Main St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27-1951</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernelig</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>De Bold</u>		5. SEX <u>Female</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>5-16-1865</u>		9. AGE (In years last birthday) <u>86</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William R Hatfield</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Mayes</u>			14. NAME OF HUSBAND OR WIFE <u>Joe De Bold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fern De Bold</u> ADDRESS <u>Clinton Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				DUE TO (b) <u>Chronic interstitial Nephritis</u>				<u>2 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Cerebral hemorrhage</u>				<u>4 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>1 yr</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Clinton</u> (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 5, 1951</u> , to <u>Sept 27, 1951</u> , that I last saw the deceased alive on <u>Sept 27, 1951</u> , and that death occurred at <u>11:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>S-B. Hughes</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>9/28/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>			
DATE REC'D BY LOCAL REG <u>Oct-1-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> ADDRESS <u>Clinton Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422

RECEIVED <sup>MA-PA</sup> 10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-9-51

NOV 16 1951

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 .....  
Student Embalmer

Signed Robert L Dunning

Licensed Embalmer No. 476

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.