

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36126

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6261 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville, Rural	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEST BENTON TWP		d. STREET ADDRESS (If rural, give location) WEST BENTON TWP	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Antoinette c. (Last) Barnard			4. DATE OF DEATH (Month) (Day) (Year) AUG. 13-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 31, 1880	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Days 11 Hours 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S. D.

13a. FATHER'S NAME Marion Ambros	13b. MOTHER'S MAIDEN NAME Mentor	14. NAME OF HUSBAND OR WIFE Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Henry Barnard	ADDRESS Rural, Rogersville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arterio-Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from April 1, 1946 to Aug 13, 1949, that I last saw the deceased alive on Aug 10, 1949 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. R. Schultz, M.D.	23b. ADDRESS Fordland, Mo	23c. DATE SIGNED 10/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 15-49	24c. NAME OF CEMETERY OR CREMATORY Parthen Valley Cem.	24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Mo.
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DATE REC'D BY LOCAL REG. 10-14-49	REGISTRAR'S SIGNATURE John M. Good	25. FUNERAL DIRECTOR'S SIGNATURE Kelley Ferrell-Berger	ADDRESS Rogersville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

12000

RECEIVED OCT 17 1949

District Health Office No. 6,

District File Number 1049-1137

Date Filed 10-24-49

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 H. H. Kelley _____

Licensed Embalmer No. 3334 _____

P. O. Address Fordland 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.