

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7546

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph (Buchanan Co)</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion Township</u>		<u>0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. #1 Easton, Missouri.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loren</u>			b. (Middle) <u>Dale</u>		c. (Last) <u>Bermond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1951.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 8, 1914.</u>		9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James W. Bermond</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Ebersold</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Bermond</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #2.</u>		16. SOCIAL SECURITY NO. <u>488-22-8368.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Bermond Easton, Mo. R#1.</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>acute alcoholic psychosis with delirium tremens</u>	ANTECEDENT CAUSES						<u>2 days</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>acute hemorrhagic necrosis of pancreas with pancreatitis</u>		DUE TO (c) <u>Cerebral edema</u>				<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS	<u>acute bronchitis chronic bronchitis</u>						<u>2 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		<u>307X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>3-30, 1951</u> , to <u>4-1, 1951</u> , that I last saw the deceased alive on <u>3-31, 1951</u> , and that death occurred at <u>1:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thompson P. Potter M.D.</u> (Degree or title)				23b. ADDRESS <u>731 Farson St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2 Apr. 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1954

JAN 6 1954

APR 12 1954

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, on By *****

*** * ***

working under my personal supervision.

Student Embalmer No. *** **

Signed

Raymond W. Herchen

Licensed Embalmer No. 4413 Missouri.

Signed *** ** ** **
Student Embalmer

P. O. Address St. Joseph, Missouri.

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.