

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19695

State File No.

164 0

1952 JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>15 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> d. STREET ADDRESS (If rural, give location) <u>520 South Sprigg Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Anna</u> c. (Last) <u>Bearden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20, 1899</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of Rooming House</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carmi, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Casper V. Rommel</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. Kornegger</u>	
14. NAME OF HUSBAND OR WIFE <u>James P. Bearden</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Link</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James P. Bearden-Cape Girardeau, Mo.</u>		17. ADDRESS			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>one (1) year</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>	
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>592x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>6/17, 1952</u> to <u>2 July, 1952</u> , that I last saw the deceased alive on <u>2 July, 1952</u> , and that death occurred at <u>12:40 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. O. Healy, M.D.</u>			23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>3 July 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Butler, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-3-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard B. Thomas</u>		ADDRESS <u>Cape Gir, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6561 8 2 700

6561 8 2 700

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 Howard B. Hammond

Licensed Embalmer No. 4127

P. O. Address Cape Elizabeth, Me

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.