

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17069

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

FILED JUN 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>610</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>0117</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1014 N. 18th Street</u>		d. STREET ADDRESS (If rural, give location) <u>1014 N. 18th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u>		b. (Middle) _____		c. (Last) <u>Berneking</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1953</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>August 29, 1874</u>
9. AGE (In years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Jefferson Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Chris Berneking</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Chris Berneking</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tetral stenosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 yr.</u>
2. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> <u>Edema general</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410X</u>		
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)
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>1/2</u> , 19 <u>52</u> , to <u>5/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>53</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Samuel Nardigan M.D.</u>		23b. ADDRESS <u>620 Francis St</u>		23c. DATE SIGNED <u>5/22/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Michael J. Fleeman, St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 22, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		

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

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 \_\_\_\_\_ \*\*\*\*

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\*\*\*\*\*

Student Embalmer No. \*\*\*\*\* \*\*\*\*

working under my personal supervision.

Student .....  
Student Embalmer

\*\*\* \*\*\*\*

Signed Albert E. Harrison

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.