

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 787

10-48

FILED FEB 23 1954

BIRTH NO.		REG. DIST. NO. <u>109</u>	PRIMARY REG. DIST. NO. <u>5424</u>	Registrar's No. <u>5</u>
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Campbell, Rte. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Rt. 1</u>		e. STREET ADDRESS (If rural, give location) <u>Campbell, Rte. 1</u>		
3. NAME OF DECEASED (Type or Print) <u>BERNADINE</u>		a. (First) <u>BERNADINE</u>		b. (Middle) <u>FRIEDMAN</u>
c. (Last) <u>FRIEDMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 24, 1954</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>Sept. 14, 1865</u>	
9. AGE (in years last birthday) <u>88</u>		10. MONTHS <u>4</u> 11. DAYS <u>10</u> 12. HOURS <u>1</u> 13. MINUTES <u>1</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Howell, Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Holzgrave</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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>Mike Friedman, Campbell, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND 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>794 X</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>January 23, 1954</u> , to <u>January 24, 1954</u> , that I last saw the deceased alive on <u>January 23, 1954</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ernest L. Frankel</u>		23b. ADDRESS (Degree or title) <u>Box 387, Campbell, Mo.</u>		23c. DATE SIGNED <u>1-27-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Theresa Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Glendonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1/25/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-2-54

COUNTY FILE NUMBER 254-32

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.