

FILED AUG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23208

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>INdep. Mo</u>		c. LENGTH OF STAY (in this place) <u>78 yrs</u>	c. CITY OR TOWN <u>Rural (blue)</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INdep. SAN + Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>603 S. Overton</u>		<u>7000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>DeBernardi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 - 1954</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>22 Feb. 1876</u>	9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>G.B. DeBernardi</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Sale</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-07-9116</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Elliott</u> ADDRESS <u>Indep. Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) bilateral pulmonary emboli - infarction - terminal</u> <u>rt lower lobe of lung. Acute left pulmonary embolus - intra mural terminal</u> <u>Chromocarcinoma apex of ventricle of heart.</u> DUE TO (b) <u>(c) Multiple ocular cysts - ovaries - showing malignant changes - multiple fibroid tumors of uterus - general arteriosclerosis - abdominal aorta.</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>general arteriosclerosis - abdominal aorta.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>general anasarca of abdominal viscera</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 29, 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas McLean Jr MD</u>		23b. ADDRESS <u>Independence, Mo</u>		23c. DATE SIGNED <u>8-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9 Aug-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ott + Mitchell</u>		ADDRESS <u>Indep. Mo</u>	

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

APR 11 1958

NOV 1 1956

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.....
Signature of Student Embalmer

Signed..... *Jason T. White*.....
Licensed Embalmer No. 492

P. O. Address..... *Indep. N*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.