

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33088

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4284	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 1/2 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hyde Park, N.H. - 401 E. 36th St.				e. STREET ADDRESS (If rural, give location) 6311 College			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ANN		c. (Last) BERTRAM		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 22, 1870		9. AGE (In years last birthday) 85	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) At home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME --- Mann		13b. MOTHER'S MAIDEN NAME Carrie Kramer		14. NAME OF HUSBAND OR WIFE Wm. H. Bertram			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. R. Wells, 6311 College, K.C., Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Encephalomalacia due to Cerebral Thrombosis DUE TO (c) General & Cerebral Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart & Disease Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 1-2 days 3 months 10 Years 3 months	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 3324 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)			
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 18 July, 1955 , to 6 October, 1955 , that I last saw the deceased alive on 5 Oct., 1955 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Philip G. Kaul, M.D. (Degree or title)				23b. ADDRESS 411 Nichols Road		23c. DATE SIGNED 6 Oct. 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/6/55	24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Illinois			
DATE REC'D BY LOCAL REG. 10-6-55		REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C., MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

L. J. W. Huber
Playa Time Bldg.

Exp 12200 W

Dec 1226

After 1:00

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 *Elmer D. Tipton*

Licensed Embalmer No. *4212*

P. O. Address *Kansas City*

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.