Health, Welfare Public Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31711

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4256

300 D -57

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp — Length of Stay in Hosp. ~~76 Days~~

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 4806 Oak (If outside, give location) — Reside on Farm Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print) First Joseph Middle O. Last Bernard

**4. DATE OF DEATH** Month Sept Day 10 Year 1957

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH** 11-26-1887 **9. AGE** (In years last birthday) 69 — 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) Bar Tender **10b. KIND OF BUSINESS OR INDUSTRY** Tavern

**11. BIRTHPLACE** (City and state or country) Luca, Italy **12. CITIZEN OF WHAT COUNTRY?** U S A

**13a. FATHER'S NAME** Rigilo Bernardini **13b. MOTHER'S MAIDEN NAME** — Gond **14. NAME OF HUSBAND OR WIFE** ////////

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, No, or unknown) No (If yes, give war or dates of service) None **16. SOCIAL SECURITY NO.** 496-01-4422 **17. INFORMANT** Earl Bernard Address 4737 Wyoming,

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) — 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 5-16-57, to 9-10-57 and last saw him alive on 9-10-57
Death occurred at 11 45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Harold W Voth (Degree or title) M.D. **22b. ADDRESS** 201 Plaza Med Bldg. 315 Nichols Rd. K. C. Mo. **22c. DATE SIGNED** Sept 11, 57

**23a. BURIAL, CREMATION, REMOVAL** (Specify) REMOVAL **23b. DATE** 9/13/1957 **23c. NAME OF CEMETERY OR CREMATORY** Mapel Hill Cem **23d. LOCATION** (City, town, or county) Kansas City (State) Kansas

**24. FUNERAL DIRECTOR** Gates Funeral Home **ADDRESS** Kan City Kan **25. DATE RECD. BY LOCAL REG.** 9-13-57 **26. REGISTRAR'S SIGNATURE** Neva Menshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Harold W. Voth

VA-13245

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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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Pa Kans

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.