

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35231

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jefferson City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No State Prison		Length of stay in lb 15 mos.	d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) BERNARD			4. DATE OF DEATH October 24, 1957		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			8. DATE OF BIRTH 5-17-95		
9. AGE (In years last birthday) 62			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		
10a. USUAL OCCUPATION			11. BIRTHPLACE (City and state or country) Howard, Missouri		
10b. KIND OF BUSINESS OR INDUSTRY Not known			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Not known			14. MOTHER'S MAIDEN NAME Not known		
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 Missouri State Penitentiary Records			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aneurysm of the aorta. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Influenza, Asian DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 481X		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH 15 mos. 1 week		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1-27-57 to Present and last saw him him alive on 10-24-57 Death occurred at 5:10p m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <i>[Signature]</i>		
22b. ADDRESS Missouri State Penitentiary Jefferson City, Missouri			22c. DATE SIGNED 10-24-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct-31-57	23c. NAME OF CEMETERY OR CREMATORY Kirkville College of Ost.		
23d. LOCATION (City, town, or county) Kirkville, Mo.		23e. STATE Mo.		23f. COUNTY	
24. FUNERAL DIRECTOR Thorpe J. Gordon, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 31 Oct 1957		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Joseph J. Jordan*

Licensed Embalmer No. *121*
P. O. Address *Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.