

FILED-DEC 31 1957

STANDARD CERTIFICATE OF DEATH

44716
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5575 Registrar's No. 107

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) Washington Twp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hickman Mills		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Charles R ght of way in rear of 12220 Grandview Rd.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 10412 Oakland		
3. NAME OF DECEASED (Type or print) CHARLES BERSNOCK				4. DATE OF DEATH Dec. 10, 1957		Month Dec. Day 10 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 16, 1904		9. AGE (In years last birthday) 53		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Gang			10b. KIND OF BUSINESS OR INDUSTRY Rock Island RR		11. BIRTHPLACE (City and state or country) Curranville, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ferdinand Bersnock				14. MOTHER'S MAIDEN NAME Janie Faubion				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. 520-09-7393		17. INFORMANT Address Catherine Huerter, 10412 Oakland, H.M., Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		DUE TO (c)					
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 <input type="checkbox"/>	
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 4:20 Month 12 Day 10 Year 1957 a. m. p. m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Nevada, Missouri		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Joseph W. Owens Coroner				22b. ADDRESS 1034 Pratt Bldg		22c. DATE SIGNED 12-10-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Nevada Cemetery		23d. LOCATION (City, town, or county) (State) Nevada, Missouri			
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		

JAN 9 1958

MAR 25 1958
FEB 19 1958
856 67 833

DEC 27 1957

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.....
W. H. Gibson

Licensed Embalmer No. 487

P. O. Address *Indep. T.*

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.