

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012851

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 87

2  
300  
1-57

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SULLIVAN</b> 0360 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP</b>		Length of stay in 1b <b>5 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>R. R. 2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>GLENN MARSHALL BERTRAND</b>			4. DATE OF DEATH Month Day Year <b>APRIL 11 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 10, 1930</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>29 1 1</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACH. OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BOX FACTORY</b>	11. BIRTHPLACE (City and state or country) <b>GLENDALE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ARTHUR BERTRAND</b>		13b. MOTHER'S MAIDEN NAME <b>EDITH STRAUSSINGER</b>		14. NAME OF HUSBAND OR WIFE <b>BETTY WOODCOCK</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>500-28-926</b>	17. INFORMANT Address <b>BETTY BERTRAND, SULLIVAN, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cocciemia of Ethereal Sine</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>
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) <b>1607</b>		

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 Month, Day, Year 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 COUNTY STATE		

21. I attended the deceased from <b>Jan 4 - 1958</b> to <b>April 11 - 59</b> and last saw him alive on <b>April 11 - 1959</b> Death occurred at <b>310 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Robert Tuberosford MD</b>			22b. ADDRESS <b>Dalhousie, N.S.</b>		22c. DATE SIGNED <b>April 12 59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>APRIL 14, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CAVE SPRING CHURCH CEM.</b>		23d. LOCATION (City, town, or country) (State) <b>SULLIVAN MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>H. M. EATON SULLIVAN, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>4/14/59</b>	26. REGISTRAR'S SIGNATURE <b>J.P. Hulman &amp; J.S. Hulman</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 22 1959

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, ~~by~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *J. Harrison N. Eaton* .....

Licensed Embalmer No. *5066* .....

P. O. Address... *Sullivan, 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.