

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016420

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 325 Primary Registration District No. 4488 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green Top</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Queen City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Haven of Rest Home</u>				Length of stay in 1b <u>1 1/2 mos</u>		d. STREET ADDRESS (If outside, give location) <u>0980</u>	
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Novel</u> Last <u>Bergman</u>		4. DATE OF DEATH Month <u>April</u> Day <u>17</u> Year <u>'59</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 15 1873</u>		9. AGE (In years, last birthday) <u>86</u>		AF UNDER 1 YEAR IF UNDER 24 HRS. Month <u>8</u> Day <u>6</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Queen City, rural Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Nicholas Arni</u>				14. MOTHER'S MAIDEN NAME <u>Katherine Dentner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Drene Slaughter, Queen City, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Gravely Hypertrophied L. V.</u> <u>6 yrs.</u>	
DUE TO (c) <u>Chronic Lymphatic Leukemia</u> <u>10 yrs.</u>						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Generalized Arteriosclerosis</u> <u>2040</u>	
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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>8/23/50</u> to <u>4/17/59</u> and last saw her alive on <u>4/15/59</u> Death occurred at <u>10:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (In case of two) <u>Edward M. Roberts, M.D.</u>				22a. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>4/18/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>April 1959</u>		<u>Hermanas Cemetery</u>		<u>rural, Queen City, Mo</u>	
24. FUNERAL DIRECTOR <u>A. Foley - Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>4-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Thomas W. Gordon</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
80  
300  
1-56  
4  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
No symptoms will be listed.  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

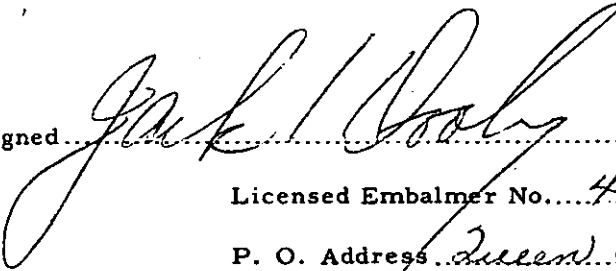
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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  .....,  
Licensed Embalmer No. .... 4  
P. O. Address .. Queen ..

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.