

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018003

FILED VS MAY 2 1960

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 18

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

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Elizabeth</u> Last <u>Bergman</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>22</u> Year <u>'60</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-27-1866</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Schenckers Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas Wm.</u>	13b. MOTHER'S MARDEN NAME <u>Kathleen Lentz</u>	14. NAME OF HUSBAND OR WIFE <u>Lou Bergman</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>Max Bergman</u> Address <u>Queen City Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Hypostatic Pneumonia</u>	<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Heart Failure</u>	<u>2 weeks</u>
	DUE TO (c) <u>Hepatic Failure</u>	<u>2 years</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>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u>8:00</u> p.m. Month, Day, Year

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 <u>Queen City, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from 8/23/50 to 4/22/60 and last saw her alive on 4/21/60
Death occurred at 8:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>Edward M. Roberts III</u> (Degree or title)	22b. ADDRESS <u>Queen City, Mo.</u>	22c. DATE SIGNED <u>4/24/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2nd 25 '60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's</u>	23d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Walt A. ...</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-25-1960</u>	26. REGISTRAR'S SIGNATURE <u>Barry A. Drake</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

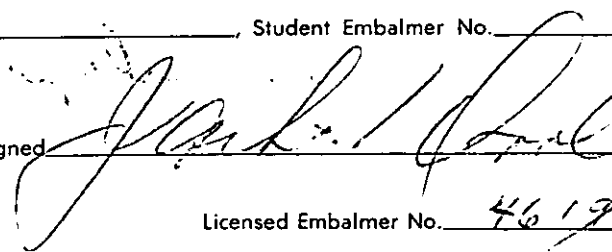
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4619

P. O. Address Security City, Mo.

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.