MRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

60-018003
STATE FILE NUMBER

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

NDED

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Queen City
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Schuyler
c. CITY OR TOWN Queen City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Bergman
4. DATE OF DEATH Month Apr Day 22 Year '60
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 5-27-1866
9. AGE (last birthday) 93
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St Genevieve Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Nicholas Urmi
13b. MOTHER'S MAIDEN NAME Katlon Gentry
14. NAME OF HUSBAND OR WIFE Lou Bergman
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 Mrs Bergman Address Queen City Mo

MEDICAL CERTIFICATION

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)	Hypostatic Pneumonia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	2 wks
DUE TO (c)	Hepatic Failure	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 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.

22a. SIGNATURE (Degree or title) Edward M. Roberts M.D.
22b. ADDRESS Queen City, Mo.
22c. DATE SIGNED 4/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr 25 '60
23c. NAME OF CEMETERY OR CREMATORY Hermansa
23d. LOCATION (City, town, or county) (State) Rural Queen City Mo

24. FUNERAL DIRECTOR ADDRESS Lick & Sitting Queen City Mo
25. DATE RECD. BY LOCAL REG. 4-25-1960
26. REGISTRAR'S SIGNATURE Boss A. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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. 46 19

P. O. Address _____

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