

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7914**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>Collinsville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		STREET ADDRESS (If rural, give location) <b>940 Road St. 812<sup>0</sup> S</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BENJAMIN</b>	b. (Middle) <b>T</b>	c. (Last) <b>BERGSTROM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 29, 1956</b>
-------------------------------------	----------------------------	----------------------	----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE* <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 17, 1879</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>12</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
--------------------	--------------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	---

13a. FATHER'S NAME <b>Lars Bergstrom</b>	13b. MOTHER'S MAIDEN NAME <b>Keziath Lourance</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Bergstrom</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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond Bergstrom, Quincy, Ill.</b>
---	----------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis - acute</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **3-29-56** 19**56**, to **3-29-56** 19**56**, that I last saw the deceased alive on **3-29-56**, 19**56**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>RO Stickler MD</b>	(Degree or title)	23b. ADDRESS <b>Kirksville, Mo</b>	23c. DATE SIGNED <b>3-29-56</b>
---	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-3-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Novinger, Missouri</b>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>3-29-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harris &amp; Davis, Kirksville, Mo.</b>
--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1958

APR 20 1958

STATEMENT BY LICENSED EMBALMER

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

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville,

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