

Health,
Welfare
Public
Service

FILED AUG 27 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 760

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 25 yrs	d. STREET ADDRESS Route # 6 Box # 693		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANK P. BERG			First FRANK	Middle P.	Last BERG
4. DATE OF DEATH Aug. 17 1956	Month Aug.	Day 17	Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 18 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 7 Days 1 Hours 39 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker	10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (City and state or country) Akron, Ohio	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George Berg			14. MOTHER'S MAIDEN NAME Elizabeth Luli		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT Mrs. Anna Berg Address Rt # 6 Spfld, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive C-V Disease					INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Effusion, Right	DUE TO (c) Anasarca, Generalized			3 months
					3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 3:20 Month, Day, Year 1953 a. m. a. m. p. m.	to August 17, 1956 and last saw him alive on Aug. 17, 1956 Death occurred at 3:20 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1953 to August 17, 1956 and last saw him alive on Aug. 17, 1956 Death occurred at 3:20 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) W. J. Paul, M.D.	22b. ADDRESS 609 Cherry Springfield Mo.	22c. DATE SIGNED 8/17/56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/56	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 8-21-56	26. REGISTRAR'S SIGNATURE Walter Williamson			

SEP 6 1956
7 1956

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: *H. J. McCowan*

Licensed Embalmer No. *77*

P. O. Address. *Springfield*

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.