Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31360
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST JOHNS TOWNSHIP — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AT HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN WASHINGTON — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. # 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FREDRICH Middle WILLIAM RUDOLPH Last BERGHORN
4. DATE OF DEATH Month SEPT. Day 8 Year 1957
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JAN. 15, 1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 7 Days 23 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) WASHINGTON, MO. R.R. 2
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY BERGHORN
14. MOTHER'S MAIDEN NAME DARTHIA WOLFF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address MARY BERGHORN WASHINGTON, MO. R.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteria-sclerosis — several yrs.
DUE TO (c) age
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Prostatism 331X
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 Sept 6, 57, to Sept 8-57 and last saw her/him alive on Sept 8, 1957
Death occurred at 11:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L O Muench M.D.
22b. ADDRESS Gore Elm Washington Mo
22c. DATE SIGNED 9-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 11, 1957
23c. NAME OF CEMETERY OR CREMATORY ST. JOHNS MANTELS
23d. LOCATION (City, town, or county) UNION, (State) MO.
24. FUNERAL DIRECTOR E. F. Oltmann — ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 9/10/57
26. REGISTRAR'S SIGNATURE F. L. Heidmann G. F. L. Heidmann Dep

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Altmann.....

Licensed Embalmer No. 480

P. O. Address Union, M

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.