

Health,
& Welfare
Public
Service

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40913**
Registration District No. 164 Primary Registration District No. 3082 Registrar's No. 143

S. 300
1-571
051

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | c. CITY OR TOWN Warrensburg <u>0512</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 130 West Pine St. | | d. STREET ADDRESS (If outside, give location) 503 East Gay St. | |
| Length of stay in 1b 33 Yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Frank Middle Harry Last Bergman | | | 4. DATE OF DEATH December 5, 1957 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 1, 1883 | 9. AGE (In years last birthday) 74 | 10. FUNDER 1 YEAR | 11. IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant | 10b. KIND OF BUSINESS OR INDUSTRY Service Station | 11. BIRTHPLACE (City and state or country) Oakland, Nebraska | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Henry E. Bergman | 13b. MOTHER'S MAIDEN NAME Ellen Osberg | 14. NAME OF HUSBAND OR WIFE Emma Bergman |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 495-07-2719 | 17. INFORMANT Address Mrs. F. H. Bergman, Warrensburg, Mo. |
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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: IMMEDIATE CAUSE (a) Coronary Phlebotosis | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201 | | |

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| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE |
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| 21. I attended the deceased from July 17, 57 to December 4, 57 and last saw him alive on December 4, 57 Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE [Signature] (Degree or title) M.D. | 22b. ADDRESS Warrensburg, Mo. | 22c. DATE SIGNED December 7, 57 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8 Dec 57 | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill | 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri |
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| 24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo | 25. DATE RECD. BY LOCAL REG. Dec. 7, 1957 | 26. REGISTRAR'S SIGNATURE [Signature] |
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *John P. Rodgers*

Licensed Embalmer No. *4963*

P. O. Address *Warransted*

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.