

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005109
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 126A

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. 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 ^{0 516 0} Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 E. Kearney		Length of stay in lb 1 yr.	d. STREET ADDRESS (If outside, give location) 500 E. Kearney Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JEAN LUCILLE BERGGREN			4. DATE OF DEATH Month Day Year Feb. 3, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1927	9. AGE (in years last birthday) 31	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	10b. KIND OF BUSINESS OR INDUSTRY Secretary	11. BIRTHPLACE (City and state or country) Danbury, Conn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rev. Godfrey Berggren	13b. MOTHER'S MAIDEN NAME Elfrida Berggren	14. NAME OF HUSBAND OR WIFE none
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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. 045-22-5867	17. INFORMANT Mrs. E. Berggren Address Springfield, 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) Medullary Paralysis.		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 2 1/2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Spontaneous Subarachnoid hemorrhage with increased intracranial pressure.	
	DUE TO (c) Idiopathic aplastic anemia.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2924		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 2924
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Nov. 2, 1957 11:30 A. to Feb. 3, 1959 and last saw her alive on Feb. 3, 1959 at 3:00a.m. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE B. L. Williams, DO (Degree or title)	22b. ADDRESS 334 Landers Bldg. - Springfield Missouri	22c. DATE SIGNED 2/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
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24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo. LM	25. DATE RECD. BY LOCAL REG. 2-11-59	26. REGISTRAR'S SIGNATURE Effie G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

country, territory, etc. must be only entered when death is from (a) no symptoms were listed. All diagnoses in Part I must be causally related.

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 *Lee Mason*

: Licensed Embalmer No. **4568**
P. O. Address **Springfield, Mo.**

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.