

MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034894

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. 6745

Registrar's No. 71

STATE FILE NUMBER

FILED SEP 11 1963

VS 300
Rev. 4/59

11100

28150

3

4 0

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9 866 X

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11 110

12 91-3

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Pottawatomie	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walton		Length of stay in 1b 2 1/2 days	c. CITY OR TOWN Blaine
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West 20 mi west of Potosi, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Victor Middle A. Last Berg			4. DATE OF DEATH August 25, 1963
5. SEX male	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 Jan. 9-38
9. AGE (last birthday) 25-7-16 days		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Blaine Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Herbert A. Berg	
13b. MOTHER'S MAIDEN NAME Mabel Henneberg		14. NAME OF HUSBAND OR WIFE not married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) yes 1960 to date		16. SOCIAL SECURITY NO.	17. INFORMANT Herbert A. Berg, Blaine Kansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accident - air-plane		INTERVAL BETWEEN ONSET AND DEATH	
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Approximately midnight - 8-25-63	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.) P.O. Potosi - Wash. Missouri	20f. CITY, TOWN OR LOCATION Blaine
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. L. Gibson Coronor		22b. ADDRESS Potosi, Mo.	22c. DATE SIGNED 8-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 30, 1963	23c. NAME OF CEMETERY OR CREMATORY St John also known as Berg	23d. LOCATION (City, town, or county) (State) Blaine Kansas Kansas
24. FUNERAL DIRECTOR Alfonso E. Kufahl, Wheaton Kansas. <i>Alfonso E. Kufahl 110.694</i>		25. DATE RECD. BY LOCAL REG. 9/9/63	26. REGISTRAR'S SIGNATURE Herbert Kordall

USE BLACK INK OR TYPEWRITER RIBBON

SEP 12 1963

SEP 27 1963

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 Ronald Sparks

Licensed Embalmer No. 4819
P. O. Address Potosi, 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.

This body was not embalmed. The remains were so badly torn up - impossible to do any thing but treat.