S. No. 300
v. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11169

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen city
c. LENGTH OF STAY (In this place): 87 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) — c. (Last) BERGMAN

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Oct 26 1861

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: August Bergman

13b. MOTHER'S MAIDEN NAME: Caroline Gettler

14. NAME OF HUSBAND OR WIFE: —

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.: —

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Hilda Van Meter Queen city Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Feb 1, 1949, *to* Mar 11, 1949, *that I last saw the deceased alive on* Feb 13, 1949, *and that death occurred at* 9:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Bradley M.D.

23b. ADDRESS: Queen City Mo

23c. DATE SIGNED: 3/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-13-1949

24c. NAME OF CEMETERY OR CREMATORY: Queen city Cemetery

24d. LOCATION (City, town, or county) (State): Queen city, Mo

DATE REC'D BY LOCAL REG.: Mar 14-49

REGISTRAR'S SIGNATURE: Mrs. Lyle Brooks 389

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm M Allst Queen city, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-49-498
MAR 17 1949
Date Filed

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 ✓ Delp

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Wm H West

Signed .....
Student Embalmer

Licensed Embalmer No. 2882

P. O. Address Queen City 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 this body is not embalmed, fact should be so stated above.

West