

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20080  
**2653**

FILED JUL 1 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>47 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>518 SOUTH DRURY AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHEA NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HARRY</u>	b. (Middle) <u>E.</u>	c. (Last) <u>BERGSTRESSER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-12-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR-14-1875</u>	9. AGE (In years last birthday) <u>75 YEARS</u>	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 life, even if retired) <u>RETIRED SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WEINRATH GROCERY CO.</u>	11. BIRTHPLACE (State or foreign country) <u>MIDDLETOWN, PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>HENRY HARRY BERGSTRESSER</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE</u>	14. NAME OF HUSBAND—OR WIFE <u>MRS. EMMA F. BERGSTRESSER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA F. BERGSTRESSER</u>	ADDRESS <u>518 So. Drury Ave. Kansas City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES <del>_____</del> DUE TO (b) <u>_____</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>_____</u>		491X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>		2 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June 1950, to 12 June, 1950, that I last saw the deceased alive on 12 June, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>6230 Truman Rd, K.C. Mo.</u>	23c. DATE SIGNED <u>13 June 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-15-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newman's Sons</u> ADDRESS <u>1331 BROWN CREEK KANSAS CITY MO</u>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address B. C. 4 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.