

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>RURAL Route 2</u> c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL Route 2</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCOIS TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>Farmington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>BERGHAUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 17, 1951</u>
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>Aug 14, 1906</u> 9. AGE (In years last birthday) <u>44</u> <u>6</u> <u>6</u> <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>ST. Louis, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Oscar C. Berghaus</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Van Dyke</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Berghaus</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW. II</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Berghaus</u> ADDRESS <u>Farmington, Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONER JURY VERDICT: Natural cause, apparently heart attack.</u>		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) <u>Heart attack, from all evidence secured from relatives, death was caused from apparently heart attack</u>		
	DUE TO (c) <u>Caused from apparently heart attack</u>		<u>4343</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bert J. Miller Coroner</u>	23b. ADDRESS <u>Farmington, Mo</u>	23c. DATE SIGNED <u>2/19/51</u>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>2/20/51</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Hiram Burial Park</u>
DATE REC'D BY LOCAL REG. <u>Feb. 19, 1951</u>	REGISTRAR'S SIGNATURE <u>E. O. Miller</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Co. Missouri</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. O. Miller</u> ADDRESS <u>Miller Funeral Home, Farmington, Mo</u>		

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

940

File No. _____

DISTRICT HEALTH OFFICE No. 4

FEB 26 1951

RECEIVED

MAY 7 1951

MAR 2 1951

MAR 1 1951

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 _____
Student Embalmer

Signed *Paul K. Dugal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington, N.C.*

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.