

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

360
1

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

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RURAL UNION</u>	c. LENGTH OF STAY (In this place) <u>LIFETIME</u>	c. CITY OR TOWN <u>RURAL UNION</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>BEAUFORT, MO R#R1. 0360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNA</u> b. (Middle) <u>L.</u> c. (Last) <u>BERGMANN</u>		4. DATE OF DEATH (Month) <u>NOV</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>MAY 24 1919</u>
9. AGE (In years last birthday) <u>32</u>		10. MONTH <u>5</u> DAY <u>18</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY BERGMANN</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE RAPPS</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>497-10-1304</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HENRY BERGMANN</u> ADDRESS <u>BEAUFORT 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUICIDE BY FIREARM</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>12 GALE SHOT GUN</u> DUE TO (c) <u>UNDER LEFT BREAST</u> E976X 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>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) <u>UNION</u> (COUNTY) <u>FRANKLIN</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>GUN SHOT</u>			
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 <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. P. Shaffer</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Jellison mo</u>	
23c. DATE SIGNED <u>11/12/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 15 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>J. JORDAN S. EVANG</u>		24d. LOCATION (City, town, or county) (State) <u>Jeffersburg mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. G. Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. N. Lemme</u>		ADDRESS <u>Beaufort mo</u>	

File No. _____

DISTRICT HEALTH OFFICE No. 4

NOV 20 1951

RECEIVED

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 _____

E H Termme

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E H Termme*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.