

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16199

State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>19 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u> <u>1930</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		b. (Middle) <u>Bergin</u>		c. (Last) <u>Bergin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1952</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>7/24/1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. 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>Paducah Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John G. Berger</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Kluge</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Berger</u>	
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>Myrtle Berger Missouri</u>		ADDRESS	
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>Coronary occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis, heart failure</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Arteriosclerosis, heart failure</u> DUE TO (c) <u>Arteriosclerosis, heart failure</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis, heart failure</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 22, 1952</u> to <u>May 30, 1952</u> , that I last saw the deceased alive on <u>30 May 1952</u> , and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James O. Smith M.D.</u>		23b. ADDRESS <u>Clinton Missouri</u>		23c. DATE SIGNED <u>USA 6-1-52</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/1/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>June-1-52</u>		REGISTRAR'S SIGNATURE <u>Florence A. Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u>		ADDRESS <u>Osceola Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

422

JUN 9 1953

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

W B Goodrich

Licensed Embalmer No.

3038

P. O. Address

Peoria, Ill

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.