

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39268**

FILES DEC 1 1952

BIRTH NO.		REG. DIST. NO. 169	PRIMARY REG. DIST. NO. 4258	Registrar's No. 67
1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. LENGTH OF STAY (In this place) 4 MO	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 300 E	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) SOPHIA c. (Last) BERGMAN		4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1952		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 5, 1857	9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sweden	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown* Carlson		13b. MOTHER'S MAIDEN NAME Anna Lisa Johnson	14. NAME OF HUSBAND OR WIFE Antone L. Bergman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ether B. Mabrey Edina	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decomposition		INTERVAL BETWEEN ONSET AND DEATH 1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardio Vascular, renal disease		years
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 <input type="checkbox"/> NO <input checked="" 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) 442 X	
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?	
22. I hereby certify that I attended the deceased from Jan 1943 , to 11-22, 1952 , that I last saw the deceased alive on 11-22, 1952 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) E B Mabrey M.D.		23b. ADDRESS Edina Mo.	23c. DATE SIGNED 11-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 25 Nov 1952	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. Nov. 23-52	REGISTRAR'S SIGNATURE Helle S. Humolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Rimer Edina, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

520
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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, ~~XXXX~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.