

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14039

State File No. 2119

FILED MAY 13 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2119

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Luthern Hospital</b>			
• STREET ADDRESS <b>5310 Brooklyn</b>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>Berglund</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 22 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 17, 1888</b>
9. AGE (In years last birthday) <b>65</b>		10. F UNDER 1 YEAR Months Days 11. F UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Alton RR</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John E. Berglund</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Rosenquist</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary E. Berglund</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>709-10-9386</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Naughton</b>		ADDRESS <b>5310 Brooklyn KCMO</b>	
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) <b>Carcinoma Pancreas</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with Metastases to Liver</b> DUE TO (c) <b>Liver</b> II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</b>		<b>15th</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>as above under (a)</b>	
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)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 <b>3-10-53</b> to <b>4-22-53</b> , that I last saw the deceased alive on <b>4-21-53</b> , and that death occurred at <b>6:30 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John H. Ogilvie MD</b>		23b. ADDRESS <b>224 Kiallo Bldg</b>	
23c. DATE SIGNED <b>4/22/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-24-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b>	
DATE REC'D BY LOCAL REG <b>4-22-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody McGilley-Eylar</b>		ADDRESS <b>KCMO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

3.000  
0.48

Dr. Angeline  
Rialto Bg.  
2pm.

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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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**