

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3869**

BIRTH FILED FEB 23 1954 REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5077** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY FITCHISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FITCHISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BENTON 00 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) NONE - 7 1/2 Miles W. Rock Port	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) BERGMAN c. (Last) BERGMAN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 15 1954		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-24-1884		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 5 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) HANOVER GERMANY		12. CITIZEN OF WHAT COUNTRY? US.

13a. FATHER'S NAME (UNKNOWN) DUNBESSEL		13b. MOTHER'S MAIDEN NAME (UNKNOWN) FIENE		14. NAME OF HUSBAND OR WIFE FRITZ BERGMAN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME William Fiene Lincoln Mo.				ADDRESS
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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					INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN HEMORRHAGE					
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIO-SCLEROSIS					
	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 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) FITCHISON MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <i>D. D. C. Gallus</i> (Degree or title) CORONER		23b. ADDRESS Rock Port, MO		23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-18-54	24c. NAME OF CEMETERY OR CREMATORY HUNTER CEM.	24d. LOCATION (City, town, or county) (State) Rock Port, MO	
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DATE REC'D BY LOCAL REG. Feb 18, 1954	REGISTRAR'S SIGNATURE <i>Therain N. Schaefer</i> 443	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berthelmann Mortuary</i> Rock Port, Mo		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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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

Student Embalmer

Signed

Grady Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Point, 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.