

FILED MAY 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15406**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem Mo.</u>				c. CITY OR TOWN <u>Salem Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS <u>Salem Mo.</u> <u>023/5</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Norman</u>		c. (Last) <u>Bergner</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>6-</u>		(Year) <u>54</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>April 20-1880</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>74</u>		IF UNDER 1 YEAR Days <u>74</u>		IF UNDER 1 YEAR Hours <u>74</u> Min. <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Charles Bergner</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Dover</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Bergner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Bergner Salem MO.</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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>approx. 3 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				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 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 <u>April 25, 1954</u> , to <u>May 6, 1954</u> , that I last saw the deceased alive on <u>May 5, 1954</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Brass M.D.</u> (Degree or title)		23b. ADDRESS <u>Salem Missouri</u>		23c. DATE SIGNED <u>5/7/54</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>May 7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berryman</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-7-54</u>		REGISTRAR'S SIGNATURE <u>Dr. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spence</u> ADDRESS <u>Salem Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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. 23

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.