

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15363**
1929

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 31 Years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cresthaven Nursing Home 1516 Summit Street				STREET ADDRESS (If rural, give location) 700 West 47th. Street			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) AMELIA		c. (Last) BERGSTRESSER		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 1, 1877	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		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 Domestic		11. BIRTHPLACE (City and State or Foreign Country) Pekin, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kraeger		13b. MOTHER'S MAIDEN NAME Marie Herget		14. NAME OF HUSBAND OR WIFE Fred L. Bergstresser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UN KNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard F. Bergstresser - Kansas City, Mo.			
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) Arteriosclerosis ANTECEDENT CAUSES DUE TO (b) Secondary Anemia DUE TO (c) malnutrition (anemia) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Isotric Reaction - old				INTERVAL BETWEEN ONSET AND DEATH 450	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Transferred to bed - yrs. ago.				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)		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 1/27/46 , 19___, to 4/30/55 19___, that I last saw the deceased alive on 4/19/55 19___, and that death occurred at 6:00P.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. P. Boughnour		(Degree or title) M.D.		23b. ADDRESS 315 Nichols Rd. Ke. Mo.		23c. DATE SIGNED 4/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 3, 1955		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 5-3-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KANSAS CITY, MO. 2235 GILMAN AVE.			

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

Dr. H. F. Daughman
315 Nichols
To 7400

Exp. 6:00 PM

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 *Elmo D. Tupper*

Licensed Embalmer No. *481*

P. O. Address *San Francisco*

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.