

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42016

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>95</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		d. STREET ADDRESS (If rural, give location) <u>541 417 Fairground One</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10-1956</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dina</u>		b. (Middle) <u>E</u>		c. (Last) <u>Bergsicker</u>		5. SEX <u>F</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 23-1896</u>		9. AGE (In years last birthday) <u>61</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Berhard Hindesman</u>		13b. MOTHER'S MAIDEN NAME <u>Dina Jackermair</u>		14. NAME OF HUSBAND OR WIFE <u>Osca Bergsicker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Bergsicker Higginsville Mo</u>					
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) <u>Cerebral embolus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Stenosis</u> DUE TO (c) <u>Rheumatic Heart Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H11X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>  <u>Yes</u>  <u>Yes</u>	
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)					
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>1952</u> to <u>12-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>56</u> , and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Miss D. Bass M.D.</u>				23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>12/14/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 13-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Reformed</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 17-56</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray W. Wiegert Higginsville Mo</u>					

054

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

154

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 *Roy F. Wiegman* .....

Licensed Embalmer No. *2883* .....

P. O. Address *Hopkinsville 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.