

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16621

STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Dent County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salem, Missouri</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Salem, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hart Clinic</b>			Length of stay in lb <b>6 days</b>		d. STREET ADDRESS <b>Salem, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Roy Richard Bergner</b>				4. DATE OF DEATH Month <b>May</b> Day <b>21</b> , Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 7, 1912</b>	
9. AGE (In years last birthday) <b>45</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Store</b>		11. BIRTHPLACE (City and state or country) <b>Crawford County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>James N. Bergner</b>				14. MOTHER'S MAIDEN NAME <b>Lillian G. Freeman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>				16. SOCIAL SECURITY NO. <b>498-16-8856</b>		17. INFORMANT Address <b>Iva Pryor Bergner, Salem, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anterior coronary occlusion.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <b>4201</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>a. m. p. m.</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>1948</b> to <b>May 21, 1957</b> and last saw her alive on <b>May 21, 1957</b> Death occurred at <b>11:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Malcolm M. Hart</b>				22b. ADDRESS <b>Salem, Missouri</b>		22c. DATE SIGNED <b>5-23-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 23, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Boss, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Boss, Missouri</b>	
24. FUNERAL DIRECTOR <b>Carl J. Jones</b>				25. DATE RECD. BY LOCAL REG. <b>5-23-57</b>		26. REGISTRAR'S SIGNATURE <b>m m Hart MD / Pxm</b>	

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 237

P. O. Address Salem, N.J.

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.