

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 01 7739

State File No.

151

4520

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4263 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>3 1/2 M. S. W. Novelty</u>		c. CITY OR TOWN <u>3 1/2 MI. SW Novelty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>228</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>BERGEE</u> c. (Last) <u>BOLTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1 Nov 1869</u>
9. AGE (In years last birthday) <u>87</u>		10. AGE (In years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Bergee</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stores</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Boltz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Tripp</u> ADDRESS <u>Novelty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>General Infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422.1</u>		INTERVAL BETWEEN ONSET AND DEATH <u>May 4, 1957</u> <u>June 4, 1957</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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 4, 1957, to June 4, 1957, that I last saw the deceased alive on June 3, 1957, and that death occurred at 9 P. M. from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Holmes D.D.</u> (Degree or title)		23b. ADDRESS <u>Novelty, Mo</u>		23c. DATE SIGNED <u>June 6, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6 June '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ABG. Pinner Edina, Mo</u> ADDRESS			

DATE REC'D BY LOCAL REG. June 8-57 REGISTRAR'S SIGNATURE Helle S. Humolt

(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 A. S. G. E. M. M., Student Embalmer No. 54

working under my personal supervision.

Student A. S. G. E. M. M.
Signature of Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 297

P. O. Address Edina

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.