

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015303

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 70

300
1-57
850

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 17 1893</u>		9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		11. BIRTHPLACE (City and state or country) <u>Minneapolis Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Waynesville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Length of stay in lb <u>13 days</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1958</u>		3. NAME OF DECEASED First <u>Vernon</u> Middle <u>Aldridge</u> Last <u>Bergstrom</u>							
13a. FATHER'S NAME <u>Andrew W Berstrom</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Erickson</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Goodwin Berstrom</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>841 07 3175</u>				17. INFORMANT <u>Mary Goodwin Bergstrom</u> Address <u>Waynesville, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u>												INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>coronary heart disease</u>												10 yr											
DUE TO (c) <u>4201</u>												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)																							
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 _____ a.m. _____ p.m.																							
20d. INJURY OCCURRED WHILE AT <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 <u>1957</u> to <u>1958</u> and last saw ^{her} him alive on <u>5-1-58</u> Death occurred at <u>1245</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>H.E. Nichols DO</u> (Degree or title) <u>DO</u>												22b. ADDRESS <u>Waynesville, Missouri</u>				22c. DATE SIGNED <u>5-1-58</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			23b. DATE <u>May 1 1958</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Clinton Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Clinton Oklahoma</u>														
24. FUNERAL DIRECTOR <u>Hedges Funeral Homes Inc</u> ADDRESS <u>Crocker Mo</u>						25. DATE RECD. BY LOCAL REG. <u>5-1-58</u>			26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>														

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.