

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030051

FILED VS. SEP 11 1959 82

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 94

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Marion</u>		c. CITY OR TOWN <u>Rural-Marion</u>	
Length of stay in lb <u>2 yr</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the home</u>		d. STREET ADDRESS (If outside, give location)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>Stuart</u> Last <u>Berge</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>29</u> Year <u>1959</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. 6 - 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfred Tilton Berge</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Mae Deffer</u>	14. NAME OF HUSBAND OR WIFE <u>Lucinda E. Berge</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Mo</u>	17. INFORMANT Address <u>Ms. Lucinda E. Berge - Halfway mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>presumed to be natural causes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unattended by physician</u>		
DUE TO (c) <u>Coroner of Polk Co notified</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year _____	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 _____ to _____ and last saw her/him alive on _____
Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Arnold Gardner Deputy Local Registrar Bolivar, Missouri</u>	22b. ADDRESS <u>Bolivar, Missouri</u>	22c. DATE SIGNED <u>9-1-1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal -</u>	23b. DATE <u>Sept. 3 - 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>
23d. LOCATION (City, town, or county) <u>Polk, Mo.</u>	23e. REGISTRAR'S SIGNATURE <u>Ralph Gardner per Arnold Gardner</u>	
24. FUNERAL DIRECTOR <u>Pitts funeral home - Bolivar, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 3, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gardner per Arnold Gardner</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Sidney J. Pitts*

Licensed Embalmer No. 4939

P. O. Address Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.