

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033293**

**FILED VS OCT 15 1959**

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROLLA</u>		Length of stay in 1b <u>26 MONTHS</u>	c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McFARLAND Nsg. Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6531 O'DELL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EMMA Middle MORENE Last FRANK 4. DATE OF DEATH Month OCTOBER Day 5 Year 1959

5. SEX FEMALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6/28/1885 9. AGE (last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSEMAID (RET.) 10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY 11. BIRTHPLACE (City and state or country) Montrose, Colorado 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME BERNARD BERGMAN 13b. MOTHER'S MAIDEN NAME LENA CARLSON 14. NAME OF HUSBAND OR WIFE Roy Frank (DECD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT J.E. BERGMAN Address SALEM, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arterio-sclerosis far advanced  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured hip with surgical repair 10 years. PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 8/7/59 to 10/5/59 and last saw her alive on 9/28/59  
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Myers M.D. 22b. ADDRESS Rolla, Mo. 22c. DATE SIGNED 10/6/59

23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 10/7/1959 23c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE CEM 23d. LOCATION (City, town, or county) SALEM MISSOURI

24. FUNERAL DIRECTOR MAX L. WARFEL ADDRESS SALEM, MO 25. DATE RECD. BY LOCAL REG. Oct. 6, 1959 26. REGISTRAR'S SIGNATURE Nadine L. Stoll

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 100 13 OCT 1959

OCT 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max R. Wafer

Licensed Embalmer No. 4170

P. O. Address Salem, Me

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.