

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960 273

9-60-002746  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |   |   |   |  |   |  |
|---|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Perry</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Union Twp.</b>   |   | Length of stay in 1b<br><b>Life</b>   | c. CITY OR TOWN <b>Perryville</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perryville, Rte.2</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>Rte. 2</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Mary</b> Middle <b>A</b> Last <b>Bergman</b>   |   |   | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>12</b> Year <b>60</b>   |  |   |  |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>3-27-1867</b>   | 9. AGE (last birthday) <b>92</b>   | IF UNDER 1 YEAR<br>Months _____ Days _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>Mickel Fassold</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Kunigunde Wirth</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Henry Bergman</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>   | 17. INFORMANT <b>Mrs. Martin Hacker, Perryville, Rte. 2</b><br>Address _____  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>10-124</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)   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>11-13-59</b> to <b>1-12-60</b> and last saw her <b>him</b> alive on <b>1-12-60</b><br>Death occurred at <b>10:15 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |   |  |
| 22a. SIGNATURE <b>[Signature]</b> (Do not print name)   |   |   | 22b. ADDRESS <b>Perryville, Mo.</b>   |  | 22c. DATE SIGNED <b>1-13-60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>1-15-60</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Longtown Lutheran Cem.</b>  |   | 23d. LOCATION (City, town, or county) (State) <b>Longtown Mo.</b>  |   |  |
| 24. FUNERAL DIRECTOR <b>Young &amp; Sons Perryville Mo</b> ADDRESS _____  |   | 25. DATE RECD. BY LOCAL REG. <b>1-15-60</b>   | 26. REGISTRAR'S SIGNATURE <b>[Signature]</b>  |  |   |  |

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Wallace Young

Licensed Embalmer No. 402

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.