

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014226

FILED VS APR 25 1960

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 476

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Nemaha</u> c. CITY OR TOWN <u>Seneca</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Gerald</u> Middle <u>Albert</u> Last <u>Bergman</u>			4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1960</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>July 27, 1929</u>	9. AGE (last birthday) <u>30</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>Kans. Highway Comm. Soil Survey</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Highway)</u>		11. BIRTHPLACE (City and state or country) <u>Seneca, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lawrence Bergman</u>			13b. MOTHER'S MAIDEN NAME <u>Ernedtine Skoch</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Bergman (Wife)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W., 2 and Korea</u>			16. SOCIAL SECURITY NO. <u>510-24-2462</u>		17. INFORMANT Address <u>Mrs. Norma Bergman Seneca, Kansas</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>Uremia.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Malignant arteriolonecrosis.</u> DUE TO (c) <u>Hypertensive vascular disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several wks.</u> <u>Months</u> <u>Years</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 checked="" 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 _____ Month, Day, Year _____ a.m. p.m.		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 3/30/60 to 4/13/60 and last saw her/him alive on 4/13/60
 Death occurred at 6:10 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>Beryl R. Potter, Jr. M.D.</u>		22b. ADDRESS <u>Physicians & Surgeons Bldg.</u> <u>St. Joseph, Missouri</u>	
22c. DATE SIGNED <u>4/19/60</u>			
23a. FUNERAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>April 13, 1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sta. Peter and Paul Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Seneca, Kansas</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Meinliff-Fleeman St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>April 20, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Clark Goodell</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

C.A. Potter, Jr. M.D.

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APR 20 1930

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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 *Albert C. Harmon*

Licensed Embalmer No. *3258*

P. O. Address *H. Wash*

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.