

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

**-60-031218**

**FILED VS AUG 29 1960**

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 108

STATE FILE NUMBER

ENDED

<b>1. PLACE OF DEATH</b> e. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u> Length of stay in lb <u>22 yr.</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> c. CITY OR TOWN <u>Troy</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1021 Cap-au-Gris</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> First <u>Mary</u> Middle <u>Della</u> Last <u>Bergfeld</u>			<b>4. DATE OF DEATH</b> Month <u>Aug.</u> Day <u>18</u> Year <u>1960</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Jan. 21, 1913</u>	<b>9. AGE</b> (last birthday) <u>47</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>6</u> Days <u>27</u> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housework</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Snow Hill Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>RL. Taylor</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ida Taylor</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edwin Bergfeld</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>488-34-4457</u>	<b>17. INFORMANT</b> <u>Edwin Bergfeld, 1021 Cap-au-Gris Troy MO.</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA SPINAL CORD</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>MAY 1960</u> to <u>Aug 18, 1960</u> and last saw her alive on <u>Aug 18, 1960</u> Death occurred at <u>9.30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> <u>Paula Berry MD.</u> (Degree or title)			<b>22b. ADDRESS</b> <u>Troy, Mo.</u>		<b>22c. DATE SIGNED</b> <u>8-23-60</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>Aug 21, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Troy Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Troy MO.</u>		
<b>24. FUNERAL DIRECTOR</b> <u>D.W. Mc Coy</u> <u>Troy Mo</u> ADDRESS		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-23-1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte Leek</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 30 1966

**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 D.W. McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.