

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045446

STATE FILE NUMBER

Registration District No. 178
FILED DEC 28 1961

Primary Registration District No. _____ Registrar's No. 99

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaGrange		c. CITY OR TOWN LaGrange Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last KARLA ANN BERGMAN		4. DATE OF DEATH Month Day Year December 17 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-23-1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 2 23
11. BIRTHPLACE (City and state or country) Quincy, Illinois.,		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Bergman		13b. MOTHER'S MAIDEN NAME Betty Newberry	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Robert Bergman LaGrange, 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) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Bronchial Congestion 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. ☐ Yes ☐ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH 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.) Natural causes Child died in sleep	
20c. TIME OF INJURY Hour a.m. p.m. 12-17-61	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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE LaGrange, Lewis Co. Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl H. Buckley, Coroner		22b. ADDRESS Carroll, Missouri	
22c. DATE SIGNED 12-18-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-19-1961		23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	
23d. LOCATION (City, town, or county) (State) LaGrange, Mo.,		24. FUNERAL DIRECTOR ADDRESS J. Kenneth Bailey LaGrange, MO.,	
25. DATE RECD. BY LOCAL REG. 12-23-61		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

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

J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange,

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.