

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006088

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 61

AMENDED

**FILED MAR 12 1962**

DATE AMENDED: 8/24/1890  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 ITEM NO. SHOULD READ: 8/24/1899  
 BY AFFIDAVIT OF: Funeral Director

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>UNION</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>500 OAK ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>W.</b> Last <b>BERGHORN SR.</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 24, 1899</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>12</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SERVICE MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO MOTOR</b>	
11. BIRTHPLACE (City and state or country) <b>UNION MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EDWARD BERGHORN</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE KRUEL</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. SADIE BERGHORN</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.		17. INFORMANT <b>MRS. SADIE BERGHORN 500 OAK ST.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral retentive heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>with congestive failure</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) <b>Chronic internal hemorrhage from deduced ulcers</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <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 <b></b> a.m. <b></b> 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 <b>UNION</b>		20g. COUNTY <b>MO.</b>
21. I attended the deceased from <b>1961</b> to <b>3/6/62</b> and last saw her alive on <b>3/1/62</b> Death occurred at <b>4:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED <b>3/9/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAR. 9, 1962</b>	23c. NAME OF CEMETERY OR GREMATORY <b>ZION E &amp; R CEMETERY</b>	23d. LOCATION (City, town, or county) <b>UNION MO.</b>
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>3/8/62</b>	
ADDRESS <b>UNION, MO.</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

APR 10 1962

**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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, 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.