MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019490
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 78

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0.570
2	0.570
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4	0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clark Twp.
Length of stay in 1b: 25? Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Farm Residence
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Moscow Mills,
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Middle Last: William Herman Fredrick Bergesch

4. DATE OF DEATH: Month Day Year: May 21, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/16/98
9. AGE (last birthday): 63
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (City and state or country): Lincoln Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Fredrick J. Bergesch
13b. MOTHER'S MAIDEN NAME: Anna A. Rostoff
14. NAME OF HUSBAND OR WIFE: Verlie Beck Bergesch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.: 493-03-6856
17. INFORMANT Address: Harold Bergesch, Moscow Mills, 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): Carbon-Monoxide Poisioning
INTERVAL BETWEEN ONSET AND DEATH: 30 Min ??
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Self Inflicted, Ran hose from Exhaust thru window, Packed with rags. Car motor running.
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

MEDICAL CERTIFICATION

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.) Subject ran hose from exhaust thru car window packed rags around hose and started car motor which was still running when found. elapsed time 5 hrs Appr
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.): Farm Garage
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Clark Twp. Lincoln Co. Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Approx. 2:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph J. Marsh Sr. CORONER
22b. ADDRESS: Troy, Missouri
22c. DATE SIGNED: 5/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/23/62
23c. NAME OF CEMETERY OR CREMATORY: Anderson Hill Cemetery
23d. LOCATION (City, town, or county) (State): Lincoln Co. Missoori.

24. FUNERAL DIRECTOR ADDRESS: Kemper-Marsh Funeral Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG.: 5-22-1962
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 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 Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.