

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 7

-62-019899

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 13

FILED JUN 5 1962

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Rev. 4/5910860
29310

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		c. CITY OR TOWN Rochester	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 78 Barons Road	
3. NAME OF DECEASED (Type or print) First Kenneth Middle H. Last Berger		4. DATE OF DEATH Month May Day 22 Year 1962	
5. SEX M	6. COLOR OR RACE W.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/14/03
9. AGE (last birthday) 58		IF UNDER 1 YEAR IF UNDER 24 HR Months 7 Days 8 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finger Chemist		10b. KIND OF BUSINESS OR INDUSTRY Vanilla Lab. Inc.	
11. BIRTHPLACE (City and state or country) Buffalo, New York		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Kenneth George Berger		13b. MOTHER'S MAIDEN NAME Mary Melissa Howell	
14. NAME OF HUSBAND OR WIFE Winifred Berger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 078-03-0536		17. INFORMANT Winifred Berger, Rochester, N. Y.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO (b) from plane crash DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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	
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.) Crash of Continental Flight 11		20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 5-22-62	
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.) on farm	
20f. CITY, TOWN, OR LOCATION Union Twp.		COUNTY Putnam STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Charles J. Johnson		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5/24/62		23. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
23a. LOCATION (City, town, or county) LeRoy, N. Y.		23b. DATE RECD. BY LOCAL REG. 5-25-62	
23c. REGISTRAR'S SIGNATURE Marcell Durbin		24. FUNERAL DIRECTOR Hugh L. Johnson	
24b. ADDRESS Unionville, Mo.		24c. DATE 5-25-62	

(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 Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville 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.