

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045754

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 401

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FILED JAN 2 1963</b></p> <p>1. PLACE OF DEATH a. COUNTY <b>Adair</b></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>MO</b> b. COUNTY <b>Adair</b></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b></p>		<p>Length of stay in 1b <b>8 days</b></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grim-Smith Hospital</b></p>		<p>d. STREET ADDRESS (If outside, give location)</p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) <b>First ELMER Middle RAINE Last BERGE</b></p>		<p>4. DATE OF DEATH Month <b>Dec</b> Day <b>20</b> Year <b>1962</b></p>	
<p>5. SEX <b>M</b></p>		<p>6. COLOR OR RACE <b>W</b></p>	
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <b>15 Nov 1890</b></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Pipeline Co</b></p>		<p>9. AGE (last birthday) <b>72</b></p>	
<p>11. BIRTHPLACE (City and state or country) <b>Gorin, Mo</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>	
<p>13a. FATHER'S NAME <b>Joseph Bengé</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Elizabeth Raine</b></p>	
<p>14. NAME OF HUSBAND OR WIFE <b>Betty Bengé</b></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>	
<p>16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>		<p>17. INFORMANT Address <b>Mrs. Elmer Bengé Brashear, Mo</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b></p> <p>DUE TO (b) <b>Arterial hypertension</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b></p> <p><b>2 years?</b></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION <b>Kirkville</b> COUNTY <b>Adair</b> STATE <b>MO</b></p>			
<p>21. I attended the deceased from <b>7-23-62</b> to <b>12-20-62</b> and last saw <sup>him</sup> alive on <b>12-20-62</b> Death occurred at <b>4:50</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE  (Degree or title)</p>		<p>22b. ADDRESS <b>Kirkville, Missouri</b></p>	
<p>22c. DATE SIGNED <b>12-24-62</b></p>			
<p>23a. BURIAL, CREMATION, REMOVAL <b>Burial</b></p>		<p>23b. DATE <b>22 Dec 1962</b></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b></p>		<p>23d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo</b></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <b>HUDSON-RIMER FUNERAL HOMES Edina, Mo</b></p>		<p>25. DATE RECD. BY LOCAL REG. <b>12-28-1962</b></p>	
<p>26. REGISTRAR'S SIGNATURE </p>			

Permit received Dec 20, 1962

J. B. JONES, M.D.

JAN 2 1963

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 AGR Jones

Licensed Embalmer No. 5041

P. O. Address Edina, 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.