

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005861
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 13

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri		c. CITY OR TOWN Salem, Missouri	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital		d. STREET ADDRESS (If outside, give location) Salem, Missouri	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jerry Wayne Middle Bergman Last		4. DATE OF DEATH Month Feb. Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		11. BIRTHPLACE (City and state or country) Salem, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY X		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Bergman		13b. MOTHER'S MAIDEN NAME Diana Burkman	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	
16. SOCIAL SECURITY NO. X		17. INFORMANT James Bergman, Salem, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Microcephaly, congenital 901-019 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Hypospadias, probable multiple congenital defects undetermined 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		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year	
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		COUNTY STATE	
21. I attended the deceased from Feb. 11, 1963 to Feb. 11, 1963 last saw him alive on Feb. 11, 1963 Death occurred at 3:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Alice S. Crosby</i> (Degree or title) M. D.	
22b. ADDRESS Salem, Missouri		22c. DATE SIGNED 2-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-12-1963	
23c. NAME OF CEMETERY OR CREMATORY New Hope, Cemetery		23d. LOCATION (City, town, or county) (State) Dent County, Missouri	
24. FUNERAL DIRECTOR SPENCER FUNERAL HOME INC. Salem, Mo.		25. DATE RECD. BY LOCAL REG. 2-12-63	
26. REGISTRAR'S SIGNATURE <i>MM Hart</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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910-100

910-100

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 Stephen E. Perkins

Licensed Embalmer No. 5181

P. O. Address Salem, Ma

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.

910-100