

CERTIFICATE OF DEATH

12469 0050703

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/70

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 126

| | | | | | | | |
|--|--|--|---|--|--|--|---|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. John | | Victor | Berglund | Male | 12-23-1969 | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH | |
| 2. White | | 30 | | | 9-11-1889 | 70. Lafayette | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | |
| 3. Lexington | | 70. Yes | 71. 411 Highland | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | |
| 4. Missouri | | 9. USA | 10. Widowed | | 11. | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12. 496-01-0783 | | 130. Laborer | | 131. Manufacturing & Mining | | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER | |
| 140. Missouri | | 141. Lafayette | 142. Lexington | | 143. Yes | 144. 411 Highland | |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | |
| 15. UNKNOWN | | | | | 16. UNKNOWN | | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 170. Ferdinand Berglund | | 171. 411 Highland Lexington, Missouri 64067 | | | | | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | | | | | | |
| (a) Cancer of prostate with metastasis to liver | | | | | | | 1 year |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| | | (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | AUTOPSY (YES OR NO) | | | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 19. NO | | 190. NO | | | | | 191. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 200. | | 201. | 202. | 203. | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS | | | |
| 210. | | 211. | 212. | 213. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| CERTIFICATION—PHYSICIAN: | | MONTH DAY YEAR | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR | I DID/DID NOT VIEW THE BODY AFTER DEATH. | | |
| 220. 12-23-69 TO 12-23-69 | | 221. | 222. | 223. | 224. did not | | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | | THE DECEDENT WAS PRONOUNCED DEAD | | AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. | |
| 230. | | 231. | | 232. | | 233. | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | |
| 240. Joe W. Ward MD | | 241. Joe W. Ward MD | | 242. MD | | 243. 12-23-69 | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | STATE ZIP | |
| 250. Professional Bldg. | | 251. Lexington | | 252. Missouri | | 253. 64067 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | CITY OR TOWN STATE | |
| 260. Burial | | 261. Machpelah Cemetery | | 262. Lexington, Missouri | | 263. | |
| DATE | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 270. 12-24-1969 | | 271. Vaughn-Walker Funeral Home Lexington, Missouri 64067 | | 272. | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | | |
| 280. Howard N. Walker | | 281. Alice N. Bonkowski | | 282. 12-25-69 | | | |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

JAN 5 - 1970

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

Kenneth A. Vaddler

Licensed Embalmer No. 5255

P. O. Address

Lexington, 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.