FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25127
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crystal City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pittsburgh Plate Glass Co. — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Crystal City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 504 Taylor Ave. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First Barney Middle William Last Berkbigler

4. DATE OF DEATH: Month July Day 9, Year 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH April 14, 1899 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY PPG Co.
11. BIRTHPLACE (City and state or country) Cape County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Berkbigler
14. MOTHER'S MAIDEN NAME Mary Kirn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Cecelia Berkbigler, 504 Taylor, CC.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY ARTERY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY ARTERY DISEASE — 15 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
NONE 4201
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
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 Sept 24, 1956 to June 21, 1957 and last saw ~~her~~ him alive on June 21, 1957
Death occurred at 11:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Mansfield (Degree or title) M.D.
22b. ADDRESS Crystal City, Mo
22c. DATE SIGNED 7/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 12, 1957
23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
23d. LOCATION (City, town, or county) (State) Festus, Missouri

24. FUNERAL DIRECTOR Vinyard Fun'l Homes ADDRESS 120 Main, Festus
25. DATE RECD. BY LOCAL REG. 7-15-57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 19 1957

JUL 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald H Vinyard

Licensed Embalmer No. 46

P. O. Address Festus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.