

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006429  
STATE FILE NUMBER

FILED MAR 13 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 80

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		Length of stay in lb <u>1/25/58</u>	d. STREET ADDRESS (If outside, give location) <u>807 Summer</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>JOHN</u> Last <u>BFFKSHIRE</u>			4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 28, 1876</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>I S C O</u>	11. BIRTHPLACE (City and state or country) <u>Macomb Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
13a. FATHER'S NAME <u>Silas Berkshire</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Burch Berkshire</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>490 07 5251</u>	17. INFORMANT Address <u>Mrs. D. F. Adrian, Hannibal Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO (b) <u>Arteriosclerotic Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 months</u>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Reed Lanning MD</u> (Degree or title)			22b. ADDRESS <u>Hannibal, Mo.</u>		22c. DATE SIGNED <u>3-6-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knox City Missouri</u>
24. FUNERAL DIRECTOR <u>F. Crawford Smith Hannibal Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>3-7-1958</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Suebsky</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be noted.

RECEIVED WAR 11 1958  
MARION CO. HEALTH DEPT.,  
DATE FILED WAR 11 1958

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  .....

Licensed Embalmer No. .... 381A ..

P. O. Address Hannibal, Missouri

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.