Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000492
STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 58 Primary Registration District No. 3010 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Osteopathic Hosp — Length of stay in 1b: 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Perry
c. CITY OR TOWN: Cinque Hommes TWP — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Perryville Rte#1 — Reside on Farm: Yes [X] No [ ]

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

4. DATE OF DEATH: Month: Jan Day: 26 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Mar. 21, 1876 **9. AGE** (In years last birthday): 82 — 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): Farmer **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (City and state or country): Cape Girardeau County **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Jacob Berkbigler **13b. MOTHER'S MAIDEN NAME**: Helen Ruch **14. NAME OF HUSBAND OR WIFE**: Mary Baundendistal

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.**: None **17. INFORMANT**: Simon Berkbigler Address: Perryville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia + Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3 yrs
DUE TO (c): Cardio Vascular Renal Syndrome

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Prostatic Hypertrophy + Senility 442X

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 1-22-59 to 1-26-59 and last saw him alive on 1-26-59
Death occurred at 3:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. H. Schneider D.O. **22b. ADDRESS**: Cape Girardeau Mo **22c. DATE SIGNED**: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Jan 29, 1959 **23c. NAME OF CEMETERY OR CREMATORY**: St. Joseph Catholic Cem. **23d. LOCATION** (City, town, or county) (State): Highland Missouri

24. FUNERAL DIRECTOR ADDRESS: Youngs & Sons Perryville Mo **25. DATE RECD. BY LOCAL REG.**: Feb. 2 1959 **26. REGISTRAR'S SIGNATURE**: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

FEB 0 1959

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 Edward C Young

Licensed Embalmer No. 2138

P. O. Address Perryville

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.